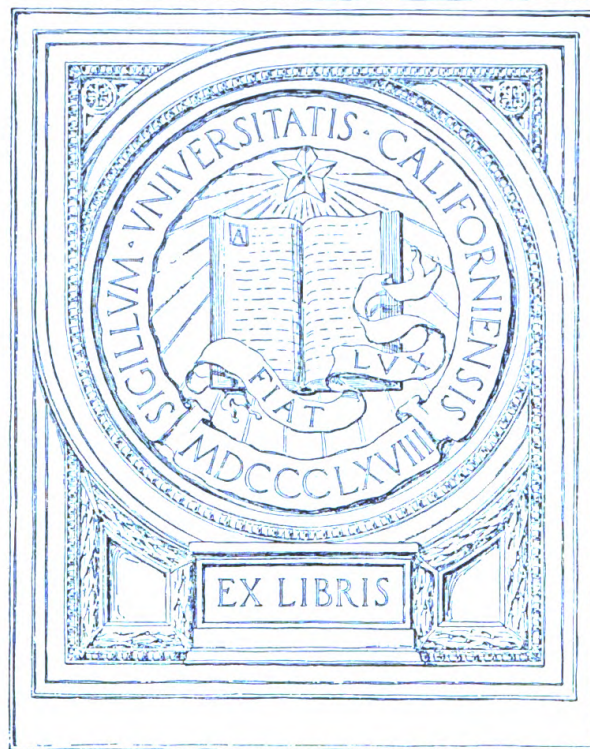


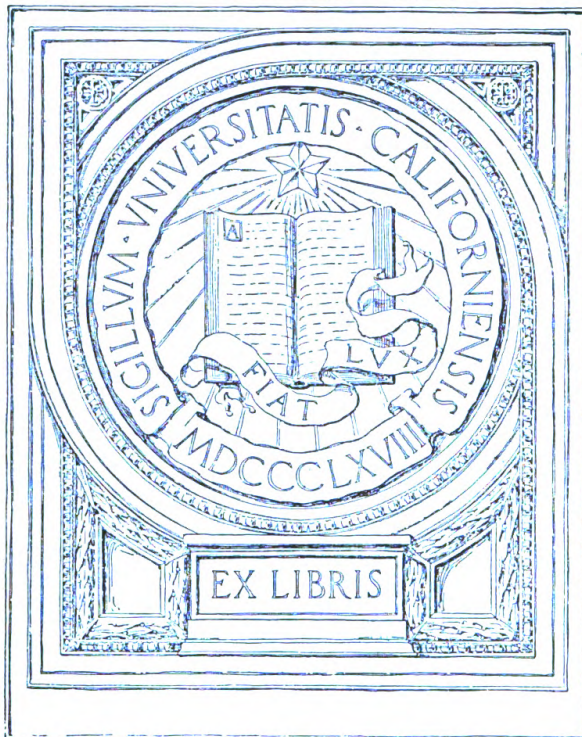
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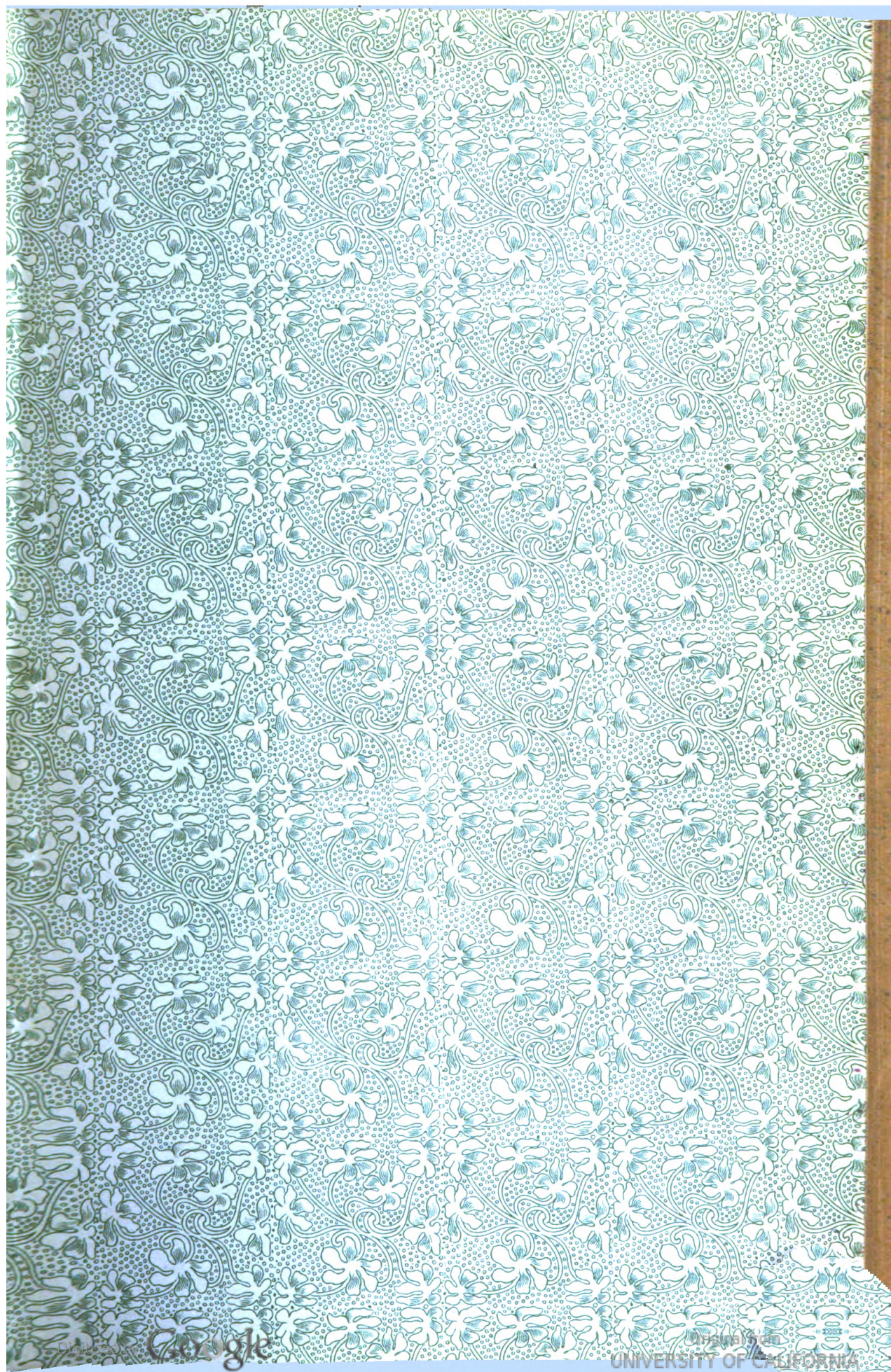
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THE
HOMŒOPATHIC WORLD:

A MONTHLY JOURNAL OF

*MEDICAL, SOCIAL, AND SANITARY
SCIENCE.*

EDITED BY

C. E. WHEELER, M.D., B.Sc.

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INTERNATIONALISM.

THE structure of Homœopathy has been built by many hands from many countries. A Scotsman's remark induced Hahnemann's first and crucial experiment, whereby the doctrine came to birth and early growth in Germany, but France, and England, and Italy, and Spain, and Russia, and last and most important America, North and South, have all contributed, and though homœopaths still remain a minority in the profession, it is a minority that knows no bounds of State or language. It is with no apology, therefore, in these days when the hopes of mankind are set on a wise Internationalism to shape the New World for the future, that this little journal stresses the international character of our work. No man among ourselves, few men, if any, in Europe, have toiled as Dr. Burford has toiled to maintain between the scattered units of our forces some machinery of common endeavour to win our common interests. It is fitting at this moment that he should take the stage, and the Editor is proud to supply him with such opportunity as the pages of the "WORLD" can make. Further, he asks from all his readers their attention and their thoughtfulness for Dr. Burford's statements and proposals and hopes and fears. In so far as we keep our widespread comrades

in touch with one another, in so far do we strengthen their wills, uplift their hearts and encourage their confidence. Surely none of us will willingly neglect this duty.

THE VALUE OF THE B.H.A.

It is often difficult in asking for help for the B.H.A. to make it understood how this Association helps Homœopathy. A hospital or a dispensary carries its own justification tolerably clearly, but the B.H.A. has to speak of education, and of co-ordination of effort and of research, and so forth, all highly desirable objects for assistance, but all lacking in the direct human appeal which a hospital possesses. Furthermore, a dispensary at least can begin with a minimum of help and make some show for even a little money, but the objects of the B.H.A. can hardly be defined without a position which only a stable financial backing can give. To say to possible subscribers, that if only they will help, it may be easier to persuade others to join in, and that when all have united great things can be done, is all too frequently to be met by the plea that the others may as well be the first to make a move. Consequently the B.H.A. does not receive the support from homœopaths which it should have: its work is hampered and its praiseworthy accomplishment is only made possible by the devoted service of a handful.

However, recently an object lesson has been provided for the doubters. Exigencies of war first struck at the home production of pilules and discs for homœopathic remedies and then forbade the importation of them from America. Had nothing

been done our physicians and chemists would shortly have had none of either and the dispensing of our drugs would have become a much hampered procedure. It was in this emergency that the B.H.A. was appealed to. The Council took the matter up straightway and mainly through the energy and influence of its Chairman, Mr. Lee Mathews, has succeeded in obtaining leave to import whatever is necessary.

This satisfactory and prompt result of B.H.A. endeavours, shows the enormous advantage of possessing a central body, independent of all professional interests, though closely allied to the profession, able and willing to plead for Homœopathy when difficulties are placed in its way. No other body exists to take such a position and no other body could have been improvised to speak so authoritatively or so swiftly. This is just an instance of the value of the existence of the B.H.A. Is imagination so lacking to us that we cannot see many other possibilities if only the B.H.A. were many times as rich and many times as numerous a body? Surely all homœopaths ought to join it, plead for it, work for it, not for its own sake but because through it the cause of Homœopathy can be strengthened.

NEWS AND NOTES.

AN INFLUENZAL SIGN.

WE take this from the *Lancet*, with grateful acknowledgment. It seems to be a diagnostic sign of value :—

“DESCRIPTION OF A SIGN. INFLUENZA SPONDYLITIS. EFFECT ON KIDNEYS.—In a paper on a typical tender spot in influenza, Boeckler draws attention to a sign which, in his experience, is never absent in true influenza, and the absence of which excludes the disease. This tender spot, which is usually bilateral, but may be present on one side only, is found as follows. A horizontal line is drawn two finger-breadths above the highest points of the iliac crests, with the patient in the vertical position. The point where this horizontal line intersects the outer border of the longissimus dorsi is the characteristic influenza tender point, which corresponds, according to Boeckler, to the space between the third and fourth lumbar vertebræ. This sign is often the only objective finding present at the beginning of the disease, and sometimes persists after all the other symptoms have disappeared. Boeckler has never found it present in any other disease, and considers that its constant presence in influenza proves that a more or less marked neuritis is constant in this disease, affecting all the branches of lumbar segment and the fourth most of all. This hypothesis accounts for the pain in the back and legs, and also for the giving way of the knees so frequently observed in influenza, as the fourth lumbar nerve sends motor fibres to the inner side of the leg.

NOTIFICATION.

••• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. L. HALL.

Dr. L. Hall has left Nottingham and is now in practice at 1, *Baffins Rd., Copnor, Portsmouth.*

ORIGINAL COMMUNICATIONS.

THE HOMŒOPATHIC INTERNATIONAL, THE FOUNDATIONS OF INTERNATIONALISM.

BY DR. GEORGE BURFORD.

Two thousand years ago, in a country under the stress of foreign occupation, and with adherents numerable on the fingers, the principle of Internationalism was first laid down as a safe and prerogative guide in the affairs of men. After historic vicissitudes the identical principle comes to the forefront to-day, insistent for generalised acceptance as the only way of conservation of the best to which two thousand years have made us heirs. President Wilson as its representative in practical politics : the Bishop of Oxford speaking with distinction as a theologian : Viscount Grey as a statesman "looking before and after" : Mr. H. G. Wells as a many-sided sociologist: these and other voices not wholly crying in the wilderness, insist on the incorporation of Internationalism as a benign and driving power in all that makes for the progress of mankind.

Happy the nation or the cause that can assimilate, this widening and accelerating force into its working, and thus ensure the quicker revolution of its wheels of progress ! For such blending is likely to be an "acid test" of the powers of survival of principles and parties. The cause being greater than the man, so also it is ampler than "geographical expressions." And the growth and stability of the elemental interests of humanity can no longer be cultivated in water-tight compartments. The views of civilised mankind are rapidly crystallising round quite other centres than those of insulation.

HOMŒOPATHY AN INTERNATIONAL INTEREST.

Men of goodwill have seen and learned that physical health as well as health in politics, is not merely a national, but an international concern. Thus, all the streams of tendency—in which Homœopathy is

included—that make for the elimination of disease are of the category of world-interests. The *vis inertia* of mankind in the assimilation of a new idea is always considerable, but varies in time and place: and the stimulus of enlightened-example reacts on the more slowly moving as an aid against stagnation. Thus it is not without dynamic to British Homœopathy that the method of Hahnemann has been universally recognised in America. So the object lesson of a Homœopathic Hospital with teaching facilities in London is an aid and incentive to European colleagues less happily circumstanced. The light and leading of Boston are reproduced through its graduates in Australia: the labours of Kent rejuvenate Homœopathy in England: the homœopathic teaching and practice in Great Ormond Street bid fair to activate thought and work beyond the normal area of the English language.

Health is an interest common to men and all men: and for its foursquare protection there is no finality short of Internationalism. Such is the finding of humanitarians: and as such homœopaths had founded activity on insight before the more recent writing on the wall had instructed the world.

ITS INTERNATIONAL ORGANISATION.

The Homœopathic Congress held in London, in 1911, determined to transform a paper Internationalism into an active reciprocity, and appointed a representative council from all the Countries of the World where Homœopathy was living and moving. This Council, numerous in personalities and polygot in attainments, assembled yearly from the time of its creation until the mailed fist and the shining armour of Hohenzollern and Hapsburg were exalted to a bad eminence over Hahnemann and Homœopathy. In 1912 the Council met in Zurich, and conferred on the strength of Homœopathy as a science and its weakness in governmental recognition. In 1913 the representatives met at Ghent, in large number, and addressed themselves to those problems of homœopathic foundation and expansion in which the Zurich council had outlined a plan of

prime importance. *Inter alia*, Admiral Dr. Vasconcellos from Brazil, Dr. Axell of Sweden and Dr. Cahis from Barcelona left impressions on this meeting which time will not efface. The next annual assembly was fixed for The Hague in August 1914: and all the indications were for ample, weighty and profitable deliberation.

THE PROJECTED ASSEMBLY AT THE HAGUE.

The Homœopathy of the world rose to the occasion. The meeting in the Dutch capital would have been epoch-making, when a week before assembly, came the Blind Fury with the abhorred shears, in the form of the German Emperor, slitting the threads of the fabric, and scattering the threads east, west, north and south, happy to avoid internment. The Russian delegacy had a particularly hard time, and after adventures of a perilous sort ultimately landed in Scandinavia, whence, by circuitous and not easy roads, back to Petrograd. Other of our colleagues left this country on August 2nd, having convinced themselves that there would be no war, until they finally were rounded up in Switzerland, with the slenderest financial basis for their immediate requirements. We add to the list of the Hohenzollern offences against humanity that this Homœopathic Parliament of 1914, unique in influence and judgment, meeting for the sole purpose of giving an uplift to human well-being, was scattered to the winds in the very moment of its congregation, by the blood-lust which found in Wilhelm its congenial director.

THE SUBSTITUTED MEETING IN LONDON.

There remained in London, in August 1914, a substantial remnant of the intending assembly, who had awaited that assurance of safe travel which never came, and who also were sufficiently representative to voice the views of the *confrères* beyond seas. A Provisional International Council meeting was held in London in that month, when it was decided to carry on as regards the maintenance of the machinery of the council, until the promise of the projected meeting at the Hague could be redeemed, expectably in August 1915. But much, much more was on the knees of the gods than was

compressed into a single twelve-month: four years of hope deferred have come and gone, and the sufferings of nations have cried to heaven for solace before the life of mankind has been cleansed from the plague which blocked progress and slew remorselessly. Now the atmosphere begins to lighten: and we look to the re-assembly of the Council, probably on the other side of the Atlantic, when Universal Peace is over sea and land.

EXECUTIVE WORK

Nor were the activities of the International Council in the pre-war years limited to assembly and conference. One of their number was appointed Envoy who, by request, visited various continental countries to urge that initiative and convey that stimulus which our colleagues abroad desired to pray in aid. In Sweden, opportunity was offered to address an important public meeting, at which many members of the Riksdag—the Swedish Parliament—were present. The speaker's advent coincided with a Bill before the Riksdag, promoted by a prominent Professor and antagonist to Homœopathy—those continental Professors!—and it was desired to demonstrate to the legislators the Institutions and values of our branch of medicine. To this end a large number of lantern slides were shown, picturing the chief homœopathic hospitals of the world, with some statistical tables of the results of treatment. The same course was taken at Ghent at the time of the Council's assembly in 1913: the oration, in pellucid French, was delivered by one of the Belgian physicians before a large and influential convocation, at which the Governor of the Province presided. Later, other continental visits were carried out, including one to St. Petersburg, where by the influence of Dr. Brasol, a congregation of nobles and military authorities assembled to see and hear something of the public work of Homœopathy outside Russia. And just before the conspiracy against Peace thrust an embargo on progress in medicine, the Council's Envoy visited America, there to describe the work and invite practical support of the International enterprise. This invitation

was splendidly responded to by homœopathic American physicians of light and leading who made Ghent their Mecca in August 1914.

RESULTS AND FINDINGS.

What of interest and importance has further issued from the meetings of the council and the interim Executive work ?

Year by year it was increasingly plain that Homœopathy *ceteris paribus* was of larger and livelier growth in those countries where individual freedom was least curtailed : less generalised or vigorous where State organisation had rigidly defined the whole duty of man when ill. Official furtherance appeared invariably on the side of the big battalions in medicine.

Interwoven with this, another powerful determinant was apparent : the free diffusion of a knowledge of Homœopathy by all who possess it. Of such fundamental importance is this, that the efficiency of Homœopathy in any area may be expressed as in direct ratio with a public knowledge of its being and doing. Such was the experience of the Council, and the sage remark of the Oriental " How can I understand, if no man teach me " is an abiding criticism on the abysmal ignorance of Homœopathy current.

If the hindrances to the education of the laity are considerable, they are as nothing compared with those incident to the training of the physician in Homœopathy. It appeared that the United States and Brazil were the only countries where homœopathic medicine was academically taught. England was the only country in the Old World where systematic provision was made for homœopathic post-graduate teaching. Naturally these facts fixed the attention of the Council : for education to be effective must be organised : nor was the Council cognisant of any standard work, recent and adequate, to meet the requirements of the individual physician, feeling his way from official medicine into homœopathic practice.

This provision would have been made at the Hague meeting. Some of the best brains in academic Homœopathy met there in council, and accustomed to deal

with similar problems, would have drafted the lines of procedure and given the initiative to preparation. The demand was insistent, and the call also International. Meantime, the British Homœopathic Association during the War-period has stepped in to make good the deficit.

An enquiry carefully made and occupying much time, into Institutional Homœopathy, yielded results gratifying if somewhat unequal. Never before had the homœopathic institutions of the world been categorically registered, and the results of their work, where obtainable, tabulated. It was a surprise and delight to find that Homœopathy had been impressed into the public service practically the world over. The United States bulked most largely in the return, though the obtainable list was far from complete: and at the other extreme of the register appears China, which has made a beginning with one homœopathic hospital to its credit.

But prior in importance to the edifice is the work done there. The most striking statistical results were those from one of the asylums for lunacy in the United States, and conducted under homœopathic auspices. Here the percentage of recoveries, certified as *bona fide* returns by the State authorities, exceeds any similar results we have been accustomed to in Europe.

This imperfect record would be still more incomplete were it to contain no reference to the War Hospital at Neuilly, which was the outcome of the deliberations at one of the Provisional International Committee meetings in London late in 1914. As the Report is in the hands of the public, there is no need to dilate on the excellence of the work there carried through.

How Not To Do It.

But Internationalism is a tender plant: and to fructify must be shielded from perverse influences, as well as maintained by the upholding touch of sympathy. Least of all is a rigid uniformity in collaterals which are not of the essence of the structure to be asked or even expected, what is the pith and marrow of the organisation is, in things essential, unity: in things doubtful, liberty: in all things charity. Unity is requisite and

necessary as regards the canons of Homœopathy: uniformity is not possible in nationality or religion or politics or experimental method. Thus a proposition was made to limit the languages of intercommunication to one, to wit, Esperanto: this was wisely rejected. Such Procrustean methods simply make a desert and call it peace.

Our American colleagues, though of very definite patriotism, have expunged none from their International sodality whose national character is from theirs wide as the poles asunder. To take any other course would have been bad leading, since it leads nowhere: certainly not to any League of Nations, much less of homœopaths. Such fissiparous tendencies are wisely held taboo by broad minds that look before and after.

For the International spirit is a many-sided unity: it normally colours not a part of human life only, but irradiates the whole. Internationalism in Homœopathy readily links up with the same breadth and clarity of view in other departments of the great world: and practised with faith and sympathy, it may be an inspiring spirit in the reconstruction which, statesmen tell us, is among the greatest of the secular signs of the times.

We trust that the Congress which founded the Homœopathic International builded better than it knew: that beside tending to speed up homœopathic progress, their action may prove also to have been a wise contribution to human affairs: and that the next meeting of men and women, similarly minded, of all races and tongues may contribute in a wider sense to the healing of the Nations. So mote it be!

HYPERICUM FOR BOILS.

BY CAPTAIN GORDON, R A.M C.

SINCE August there has been almost an epidemic of boils among the men in this camp. Not knowing what opportunities I would have for homœopathic practice in the Army, I only brought out a very small selection

of remedies, and neither *Hep. sul* nor *Sil.* were among them. So at first I treated these cases by allopathic measures. But one day I remembered the efficacy of *Hypericum* lotion in septic conditions, and decided to try the 200th internally. The results have been unqualified success every time. *Hyperic.* 200 (1) internally and *unmedicated* hot fomentations externally, and the boils have cleared up like magic.

I will give details of one particularly bad case.

Sapper L—— was admitted to No. 1 Camp on a Wednesday afternoon. On Thursday forenoon, during medical inspection, he reported a boil on the right forearm about two inches below the elbow joint. I ordered fomentations, but he did not come for them, but reported sick next morning. He had fomentations on Friday and Saturday, but on Saturday night, unknown to me, he was transferred to No. 5 Camp which had just been opened; he received no treatment there because he did not report sick till Monday. On Monday, as there was no Sick Parade in No. 5 Camp, he was sent across to mine. I examined his arm and found the whole elbow-joint inflamed and the inflammation extending slightly above the joint and for some three inches below it. Patient also complained of pain in axilla. I then bethought me of *Hypericum* and gave him one dose of the 200th, and sent him into Cot Hospital.

On Tuesday morning, in orderly room, Col. Rowse told me he had seen this man in Cot Hospital the previous evening, spoke of the elbow as looking "very nasty," and expressed his surprise that *the man had not complained of any pain in the axilla, even when asked.* The patient remained in Cot Hospital some ten days or so, having fomentations, and the whole condition cleared up completely, leaving no trace whatsoever. Col. Rowse told me afterwards that he was quite afraid, when he first saw it, that the man would have to lose his arm.

I do not know exactly how many cases have had this treatment so far, but it must be some twenty to thirty, and that without a single failure. Some of the men have had an "aggravation," a single boil appearing a

few days later, but this has always disappeared again without further treatment.

May I suggest, in these days of rigid economy, that by giving *Hypericum* 200 or higher potency internally, and applying *plain lint* fomentations externally, much medicated lint, boric acid, lysol, etc., may be saved.

IPECACUANHA.

Cephaelis Ipecacuanha: Tincture and Trituration of the dried root.

THIS is a well-known remedy and its most salient characteristic of producing nausea and vomiting is familiar. This symptom is nearly always present in greater or less degree when *Ipecacuanha* is likely to be useful, but there are certain qualities which enable the homœopathist to distinguish the nausea which *Ipecac.* causes and cures from that of other drugs. The distinguishing quality, is the *persistence* of the nausea: there may be a constant desire to vomit while vomiting nevertheless does not take place: or if the nausea ends in vomiting it is not thereby relieved even for a short time. The nausea and vomiting are due to the local effect of the drug on the gastric mucous membrane and the medullary centre is unaffected. Consequently, from the homœopathic point of view, its value is proportionate to the local causation of its characteristic symptoms. There is a profuse secretion of saliva but the tongue is not markedly coated and may even be clean. This is at once a distinction between the effects of *Ipecacuanha* and *Antim. Tart.* The vomit may contain bright arterial blood. This nausea characteristic of *Ipecacuanha* is naturally often associated with disorders of the alimentary canal, but occurs also with respiratory diseases and in febrile complaints (e.g. malaria). Whenever it is present, the drug should at once be thought of and confirmatory symptoms looked for. With the nausea not unnaturally goes a disgust for food and it is noteworthy that the starting point

of the milder conditions that call for *Ipecac.* is often indulgence in rich food, pork, pastry, ice-cream, etc.

This emetic quality of the drug has always to be reckoned with and colours the whole symptom picture. The condition of the alimentary canal is largely due to an inflammation of the mucous membrane which lines it and nausea and vomiting are followed or accompanied by frequent loose stools, generally greenish or yellow, (the bile secretion seems to be increased), containing much mucus and generally blood. Characteristically, the hæmorrhages of *Ipecac.* are of bright arterial blood and the power to cause hæmorrhage is one of its noteworthy symptoms. The respiratory tract and the genital (female) show it as well as the alimentary. The stools in fact that *Ipecac.* produces in poisonous doses can justly be called dysenteric and consequently the long standing use of the drug as a cure for amœbic dysentery is of great interest to the homœopathist. Of late years the alkaloid* of *Ipecac.*, *Emetine*, has been used with great success for amœbic dysentery, but its use has been accompanied by warnings, from sources untouched by any interest in Homœopathy, that care is needed to avoid over dosing, because the symptoms of *Emetine* excess resemble so closely those of the disease, that a patient may be gravely poisoned under the impression that his illness is specially refractory.

The orthodox explanation of the unquestionable curative power of *Emetin* (and *Ipecac.*) in amœbic dysentery and its sequel hepatic abscess, is that the drug has a specific parasiticide power excited on the *Entamœba histolytica*. It must be pointed out that the quantity of the drug that reaches the parasites must be uncommonly small at the best. The dose is injected subcutaneously and is presumed to reach the parasites in the process of being excreted. Its power to cause gastro-enteritis in large doses, however introduced into the body, is certain, and therefore there is little doubt that given medicinally it finds its way to the affected places. But the homœopathist may be pardoned perhaps if he speculates whether the curative effect

* The active principle of *Ipecac.* is actually made up of three distinct alkaloids, *Cephaeline*, *Emetine* and *Psychotrine*.

be not reached by arousing a reaction in the mucous membrane rather than by directly killing the parasite.

Surely this explanation would render more explicable the danger of overdosing, for if the first and foremost effect of the drug be on the tissues, then it is clearly easy to poison them instead of merely stimulating them, but if its primary action be on the parasites then a little too much ought not to be very harmful, as only the excess over and above whatever is taken up by the amœbæ will be available for the mucous membrane. The homœopathist, it is needless to say, welcomes the *Emetine* treatment and will welcome it even if its pure parasitidal action is finally established, for it is undeniably effective; but he retains at present his doubt whether there is not here another instance of the use of a "similar" drug, and while he inclines to the view that it acts on tissue rather than on parasite he is not likely to overdose his patients. It should be added that (presuming that the drug acts indirectly), the evidence points to a local tissue action rather than to a stimulus being given to any kind of general blood resistance such as so often combats bacilli: this consideration again would incline the homœopathist to the use of lower potencies. It is quite possible that triturations of *Emetine* would be effective by the mouth, but more clinical experience is required here.

Before leaving the subject of the orthodox uses of *Emetine*, it may be noted that the drug has been considerably praised recently for controlling hæmorrhages, (not only intestinal but respiratory and other) in cases where there is no question of the *Entamœba*, and therefore no question either of a parasitidal action. The homœopathist may fairly point out that he has known for a century that *Ipecac.* will control hæmorrhage of a definite type, and that this "discovery" therefore is no novelty to him, but is difficult to explain save as an instance of his basic generalisation.

The central feature of the *Ipecac.* symptom complex is this irritant action on the alimentary canal. Non-homœopathic observers regard the increased bronchial secretion which it produces as reflex, an effect of the gastric irritation and not the result of direct action

upon the tissue of the bronchi—(œdema of the lungs has been noted in animal poisonings). This is a point of considerable interest. Provings develop many symptoms of bronchial catarrh. The characteristic cough is dry, spasmodic, asthmatic: there may be dyspnœa with wheezing: or at a later stage there may be accumulations of mucus and inability to get rid of it. Both epistaxis and hæmoptysis are common. The drug is most often indicated to the homœopathist in bronchitis and asthma among respiratory diseases and frequently appears to act satisfactorily in potencies. On the other hand it is true that unless there is some degree of gastro-intestinal disturbance and the characteristic nausea, the prescription of the drug is seldom successful. It is a very familiar experience that patients who suffer from one or other of the metabolic disorders which are named "gout" or "gouty" are subject to asthma and bronchitis, and their frequent high arterial tension often results in hæmorrhages. The starting point of their disorder is usually the alimentary canal and accessory glands. If then, the main action of *Ipecac.* is upon this region, it might by causing improvement there, influence favourably the secondary symptoms, and it may well be that it is in respiratory complaints of this kind that it succeeds.

The principle of prescribing on the *total* symptom complex is thus justified once more: the bronchitis may appear the most urgent call for assistance but the accompanying persistent nausea may be the symptom that points conclusively to the *Ipecac.* which will act indirectly through the alimentary canal.

However, though orthodox research inclines to the view that *Ipecac.* acts almost exclusively on the gastro-intestinal tract, it must be remembered that the repeated small doses of the provers are a better road to the development of the refinements of drug action. Therefore homœopathists may be justified in believing that other tissues than those of the alimentary canal are susceptible to *Ipecac.*, and that it is an error to explain all its other effects as reflexes from the main site of action, or only brought about by local irritation. Thus there is no

doubt that *Ipecac.* is intensely irritating locally to the conjunctiva and to the skin; applied to the latter it may cause a pustular eruption, yet when taken internally no such symptoms are readily seen, nor is conjunctivitis a sequel of a large dose. But although no prover developed a pustular eruption, intense irritation of the skin, with an uncontrollable desire to scratch it does appear and has proved a guiding symptom to the successful use of the drug and similarly conjunctivitis, with intense photophobia and lachrymation and neuralgic pain has appeared in the pathogenesis, and the drug helps recent inflammation of this character considerably.

In the genito-urinary sphere its chief use is for uterine hæmorrhages. It controls best those that come as a steady flow of bright arterial blood and nausea with the hæmorrhage is a determining symptom. The menses are too early as well as too profuse and the hæmorrhage of threatened abortion if presenting the characteristics of *Ipecac.* will yield to it. Thick leucorrhæa has been reported as a symptom and vaginal irritation.

Throughout the *Ipecac.* complex there are a good many symptoms of pain, generally dull, bruised pains, headaches and neuralgias, and such as cause or are accompanied by nausea. They are best read as the concomitants of alimentary toxæmias and are relieved most likely by the influence of the drug upon the alimentary tract.

In considering most remedies, the mental symptoms rank high in importance. But with *Ipecac.* they too seem to depend upon the gastric effects of the drug. They are just such as would be expected from the intense irritation and discomfort of the abdominal region. Patients show a morose irritability, the face is pale and drawn, and the eyes hollowed with dark circles round them: children cry and scream readily and (as with *Bryonia* subjects) have desires which they cannot properly express, vague indefinite longings.

The joints are not much if at all affected.

The good subjects for *Ipecac.* are sensitive (as are those who are suited to *Mercury*), to every change in the

weather. So that any extreme both of heat and of cold aggravates their symptoms.

Finally, *Ipecac.* in its symptom-complex shows a marked periodicity. Botanically it is related to *Cinchona*, and it may be that this may have a bearing upon its usefulness in intermittent fever. Whatever the mode of action, homœopaths have found it of great value in obstinate malarial cases, especially when nausea is persistently present, when bone pains are marked and distressing and when the stages of an attack are not regularly defined but chill and heat vary much in length and severity from one paroxysm to another. Such cases are not uncommon when much *Quinine* has been administered without cure, and there may be truth in Dr. J. H. Clarke's suggestion that *Ipecac.* is antidotal to *Quinine* and owes some at least of its virtue in these cases to that fact.

Be that as it may, the rule of Jahr to use *Ipecac.* for intermittent fever, if no other remedy were clearly indicated, is a sound one. If it does not itself cure, it often clears the symptom-complex to a recognisable type and thus points the way to the remedy required. The characteristic *Ipecac.* nausea is a good broad hint, whenever present, that the drug is indicated.

Ipecac. does not go well with *Arsenicum* and this fact must be remembered in treating respiratory diseases. On the whole probably most success attends the use of the lower potencies.

SYMPTOM INDEX.

General Symptoms : Increased sensitiveness both to heat and cold : persistent nausea with all disorders : periodicity.

● *Mental Symptoms* : Anger and ill temper : impatience and irritability : vague and indefinite desires.

Head Symptoms : Bruised pain all over head : sharp pains : nausea with pain.

Special Sense Symptoms : Eyes inflamed : neuralgia in and about eyes : photophobia : lachrymation : epistaxis of bright blood.

Alimentary Canal Symptoms: Saliva increased: tongue clean or lightly coated: loss of appetite: intense and persistent nausea: dyspepsia from indulgence in rich food: vomiting with sweating and thirst: hæmatemesis: nausea and vomiting as concomitant symptom of other diseases (*e.g.*, asthma, bronchitis, malaria): sinking empty sensation in abdomen: colic: diarrhœa: passage of mucus and blood and shreds.

Genito Urinary Symptom: Thick urine: hæmaturia: metrorrhagia: menses too early and too profuse: blood bright, arterial.

Respiratory Symptoms: Cough with nausea, retching and vomiting: < night: dyspnœic attacks with blue congested face: expectoration scanty: hæmoptysis: spasmodic cough: asthma.

Skin Symptom: Itching, miliary eruption.

Sleep Symptoms: Sleeplessness: frightful or anxious dreams.

MERCURY.

Mercurius solubilis: an impure oxide prepared according to a formula of Hahnemann's own which dates from his pre-homœopathic days, and is still used by non-homœopaths in Germany—triturations for lower and tinctures for higher potencies are made of this. *Mercurius Vvius*, the metal, prepared by trituration and as tincture for high potencies. The symptoms of these two are virtually identical and either may be given on the indications which follow.

Mercury has long been used in medicine and overdosing with it at one time was far from uncommon—therefore its gross effects upon the human body are well known to all physicians. It is not certain in what way *Mercury* is absorbed, but it may well be that with this as with other metals insoluble particles are taken up by the leucocytes (from alimentary canal or after deep or superficial injection) and so reach the

tissues, where by processes unknown (at present) they enter more deeply into the cellular life.

Acute *Mercurial* poisoning, particularly by Corrosive Sublimate* has marked local effects as well as more distant ones.

If swallowed in any quantity the symptom of a harsh metallic taste is followed by severe burning pains in mouth, throat and stomach : nausea and vomiting set in and blood and mucous membrane shreds are found in the vomit. Presently the involvement of the bowel is shown by tenesmus and loose and bloody (dysenteric) stools. Collapse with all its usual symptoms soon appears. The urine is suppressed or diminished and albuminuria, with casts, epithelium and blood (sometimes) is almost invariable. Sugar has been found in the urine. The temperature is generally lowered. The mental state is usually either of somnolence, with attacks of vertigo, or restless. Consciousness is little affected. Death ensues from collapse or gradually from exhaustion.

Of these symptoms those of mouth and stomach are largely local, though there are specific symptoms here also (after more chronic poisonings) which are noteworthy. But the kidney and bowel symptoms appear however the poison is introduced, and are therefore more profound and characteristic of the metal.

More chronic poisoning has often arisen as a sequel to incautious medication. The condition is known as mercurialism and is of the profoundest interest to the homœopathist. First of symptoms to appear are a metallic taste in the mouth and numbness or soreness of the gums and tongue. The tongue is swollen and thickly coated, the gums swollen and soft and the breath foul : the saliva is notably increased. If the poisoning continues ulcers appear on tongue (opposite the teeth) and cheeks and gums and the saliva is not only profuse but irritating. Larger doses still may cause the teeth to fall out, and gangrene of soft parts

* Corrosive sublimate, the perchloride of *Mercury*, is known to homœopathists as *Mercurius Corrosivus* : its general symptomatology resembles that of *Merc. sol.* or *Vivus*, but in the course of this article those conditions will be noted which specially indicate it, for it has certain spheres of very marked action.

and even necrosis of the jaw to follow. Any caries of the teeth markedly predisposes to local poisoning effects.

The stomach and bowel are affected, so that anorexia, gastric discomfort, nausea and vomiting appear and colicky pains. The stools are generally loose, but periods of constipation often alternate with periods of diarrhœa. The first effect of the drug on the bowel in provers is usually to cause constipation.

Mercury is excreted by salivary glands and glands of mouth and throat and to this process (and not to local irritation) is to be attributed the stomatitis and salivation of chronic mercurialism.

The excoriations and ulcers follow, and if through carious teeth the ulcerative process reaches the periosteum then periostitis occurs. *Mercury* has no such action on bone as *Phosphorus* has and any necrosis is a sequel to the periostitis. The bowel is affected more than the stomach, for *Mercury* is excreted largely here, mainly by cæcum and colon.

Here all the appearances of chronic dysentery may be produced, with ulceration and necrosis of tissue, and naturally its symptoms are observed. Contrary to the usual belief, *Mercury* (even *Calomel*) does not increase the secretion of bile.

Skin eruptions are by no means uncommon, taking the form of small reddish spots, or larger patches of erythema, or urticaria or eczema. Several forms may be seen in the same patient. Desquamation follows. Albuminuria has been observed and rarely glycosuria.

Diuresis follows the administration of *Mercury*, seemingly by a direct action on the kidney cells. As already noted corrosive sublimate causes nephritis more certainly than other preparations of *Mercury*, though other compounds approximate to it in mode of action more or less. An actual necrosis may occur with the perchloride- and phosphate of lime is then deposited in the tubules. The result of all these tissue disturbances is a more or less profound cachexia with anæmia, weakness, fainting fits and restlessness. The pulse is small and quick. The red corpuscles and hæmoglobin of the healthy subject are said to be at

first increased by *Mercury* and later diminished : while in syphilis the drug induces at first a sudden fall and then a rise in both respects. This is a significant observation for the homœopathist.

Mercury given medicinally affects the nervous system rarely even in excessive doses, but workers in *Mercury* mines or in such manufactures as expose them to inhalations of the fumes for long periods, are apt to pass into a state characterised by great irritability with timidity and dislike of company. Sleeplessness and delirium with hallucinations may follow. Muscular weakness is considerable and a general tremor (beginning in hands and arms) is very characteristic. Neuralgias, anæsthesias or localised paralyzes occur, and the special senses suffer, so that amblyopia, anosmia, and deafness have all been met with. Both the tremor and the sensory and motor symptoms are probably to be regarded as central and not as peripheral in origin.

The blood pressure tends to fall from excessive doses of *Mercury*. Nutrition (metabolism) appears to be improved by small doses, and therefore the cachexia of poisoning may be partly due to a reversal of this favourable effect by excessive quantities : but the local effects of the poison and their consequences mask the metabolic changes. Yet experience leaves little doubt in the homœopathist of the power of the drug over general metabolism.

The intestine and kidney are the chief points of excretion of *Mercury*, but sweat, saliva, milk, gastric juice, bile have all shown traces of it after poisoning. In fact it penetrates into every organ of the body in time, and is a drug of most profound and universal power. Excretion is very slow.

Mercury is naturally very poisonous to elementary organisms and preparations of it are much used as antiseptics. Its undoubted effects in syphilis are attributed to its power to kill the spirochætes. It is more deadly to them in the test tube than to organisms of malaria or trypanosomiasis, and some specificity of reaction is clearly present since a solution of 1 in 200,000 is lethal. But it is by no means certain

this this simple explanation of its curative action is sufficient. Now that chronic mercurialism is relatively rare it has passed out of general observation that this condition can (and often does) present the closest resemblance to the effects of syphilis. Inasmuch as the drug poisoning generally occurs in syphilitic subjects, its effects are naturally masked by those of the disease, but a century or so ago more than one famous physician recorded the resemblances between them, among others Hahnemann himself in his pre-homœopathic days. When the homœopathist claims that *Mercury* is frequently the simillimum for a case of syphilis the essence of his contention, (the resemblance of symptoms producible by syphilis to those producible by *Mercury*,) has been admitted by many celebrated men who had no interest in Homœopathy. Indeed this resemblance has led more than once to the attempt to formulate a rule of treatment, such rules in practice being virtually always reproductions more or less detailed of the Hahnemannian generalisation. Professor Schulz, for instance, in recent days is clear and definite on the resemblance between the symptoms of drug and disease as a guide to cure and lays great stress on *Mercury* as an instance of the value of this rule.

In the main the indications to a homœopathist for *Mercury* are found in the secondary stage, but there they are nearly always clear and while generally he uses the lower potencies he does not find it necessary to have recourse to the larger quantities fashionable to-day. Not that homœopathists do not sometimes make use of them, for they rightly maintain that the principle of similars is independent of the size of the dose, and they admit that good results appear often to follow the larger dosage. But they retain great scepticism as to whether the drug effect is a parasiticial one, and they are well aware of the dangers of excess of *Mercury* in the system, so that they use the larger dose with even more caution than the colleagues who do not share their opinions. They are much more disposed to believe that, since there exists some bodily resistance to the parasite confessedly sufficient in mild cases

to effect a cure without aid of any remedy, therefore the true line of treatment is to endeavour to heighten this resistance. Since *Mercury* indubitably helps to cure, they conceive that it works rather through increasing the efficacy of the resistance than through killing the parasite,* and point with more than interest to the resemblance between the effects of the drug and effects of the disease. When the homœopathist treats syphilis with *Mercury* he does so as an exemplification of his rule of practice and if the patient presented no signs characteristic of this drug he would be disposed to give rather the remedy that was indicated by the whole symptom-complex.

The use of *Mercury* for syphilis is so outstanding a feature of medical practice that it has to be thus considered as a particular application of the drug: but the distinctive knowledge of the homœopathist, (from provings even more than from poisonings), defines the sphere of *Mercury* for many conditions. Whenever the characteristic symptoms appear, *Mercury* is the remedy of choice, syphilis or no syphilis, and once again, syphilis should only be treated (and is only treated) homœopathically by *Mercury* when it presents symptoms corresponding to those of the drug.

There are certain general symptoms of *Mercury* brought out by homœopathic experience which often give the clue to the right use of the remedy. Thus there is a sensitiveness of reaction to temperature so that any change either in the direction of heat or cold, worsens the patient's conditions. Many drugs suit patients averse from cold, and many others those averse from heat, but the candidate for *Mercury* dislikes both. It is the change which is resented. Another very marked symptom is that disease conditions are worse at night, from sunset to sunrise. This is the division of the twenty-four hours when syphilitic patients are usually worst and all the remedies predominantly valuable in syphilis show a nocturnal aggravation of symptoms. *Mercury* shows it notably, but it appears

* No doubt some spirochæte are killed by direct action when large doses are given, but the homœopathist would take this as an accessory action of the drug, not as its most important one. The views of Mr. McDonagh should be consulted in this connection.

under *Hepar Sulph.*, *Arsen.*, *Anrum.*, *Nitric acid*, etc. Tremor (of head, of hands, of tongue, etc.) is pronounced in many cases that need *Mercury*. It goes on to paresis and paralysis, and is accompanied by great restlessness. Sometimes it is exaggerated into spasms, cramps, convulsive movements. It is often accompanied by fainting fits, and in any case there is great debility. Mind and body are alike weak, questions are ill understood and memory and will power deficient. But on the other hand there is a great feeling of hurry and anxiety in the patient. He talks rapidly in delirium, and time seems to pass slowly. Everything is done hastily though usually ineffectively. The drug is often suggested in paralysis agitans. Coming to more objective symptoms, *Mercury* causes and cures profuse sweatings which characteristically do not give any relief. It helps acute and sub-acute rheumatism frequently when this symptom is prominent. The sweat is often offensive. The mouth is so definite a point of attack of *Mercury* that it is natural that mouth and tongue symptoms should be of value in selecting the drug and an offensive, sweet, mawkish odour to the breath and taste to the patient is very characteristic. The tongue is swollen, flabby, moist, heavily coated and indented by the teeth: the gums are sore and swollen, the teeth may be loose (pyorrhæa is a condition where *Mercury* should be remembered), the saliva is thick and profuse: toothache from caries of the teeth is more controlled by *Mercury* (pending the dentists' aid) than by any drug except perhaps *Creosote*.

There is great thirst. A slimy mucus predominates in secretions that suggest *Mercury* as a remedy, together with pus. The nasal and pharyngeal catarrhs are of this kind, causing soreness of the nostrils and ulceration. Many nasal catarrhs respond to *Mercury*, and especially a general tendency to nasal infections. Middle ear disease from involvement of the Eustachian tubes may be caused and *Mercury* rivals *Pulsatilla* in measles and Scarlet Fever when otitis media appears. There are pains in the throat, swelling and inflammation of pharynx and tonsils with secretion of thick and

tenacious mucus: the pains shoot up into the ears. Quinsy will often be helped, but the throats that respond best are those that are markedly "septic."

In diphtheria the cyanide of *Mercury* is the preparation of election and perhaps a majority of all cases of this disease need it. The Biniiodide is also used: it has value in tonsilitis and pharyngitis, but is inferior to the cyanide in diphtheria. Swallowing is naturally difficult but thirst is considerable in these circumstances. The sore throat of secondary syphilis is a typical condition for the use of *Mercury*.

Inflammation and affections of the salivary glands are well in the *Mercurial* sphere. The unpleasant sweetish, metallic taste in the mouth which is characteristic, naturally affects the appetite. Stimulants are often craved and sometimes there is great desire for food. More often however there is dislike of all solids (sweets especially) and only liquids will be taken, for the thirst remains however much the appetite be lost. Digestion however, in conditions that suggest *Mercury*, is very defective. Sharp and heavy pains, anxiety and vertigo, nausea and vomiting and violent eructations proclaim the trouble of the stomach. Though *Mercury* may not increase the flow of bile, homœopathists find many symptoms of its pathogenesis referable to liver disturbance. Thus the region of the liver becomes sensitive and resists pressure, and there may be a degree of catarrhal jaundice. There is marked dislike to lying on the right side. However hepatic symptoms that call for *Mercury* are rather those due to secondary than to primary disturbance of that organ. In the bowels it is principally the end of the small intestine and cæcum and colon that are affected. Here, as already observed in the discussion of mercurial poisoning, acute inflammation and ulceration are produced by the drug, and the homœopathist thinks of it for dysentery, acute colitis and in fact all severe inflammations of this tract. The stools are loose, bloody, mucoid with shreds of tissue. Pain is severe and both pain and diarrhœa are worse at night. There is much tenesmus and straining and the anus becomes very sore and excoriated. Probably

bacillary dysentery more often presents mercurial symptoms than amœbic, but the homœopathist would review each symptom-complex as it presented itself without prejudice, and if the complex suggested *Mercury*, whatever the pathology, would administer the drug. Of all mercurial preparations, *Mercurius corrosivus* (corrosive sublimate) is best adapted to cases of dysentery.

In less acute conditions *Mercury* is often valuable when constipation, with hard and knotty stools, is present. Efforts at evacuation are difficult and ineffectual: mucus is nearly always present, and *Mercury* is seldom or never indicated when this secretion is not in excess.

The genito-urinary organs are profoundly affected. *Mercury* (preferably, *Merc. Corr.*) is one of the best remedies for recent nephritis. The ureter, bladder and urethra may each one (or all) be inflamed, with characteristic secretion of muco-pus. The end of the penis is particularly irritated. The smegma increases in quantity and the itching and irritation lead the patient to much handling and pulling of the organ. Painful (nocturnal) erections and increased desire are common but sexual power is diminished. All kinds of inflammation and ulcers of the penis are suitable for *Mercury*, and the drug undoubtedly attacks this region with a special violence: so that as far as ordinary locality goes the syphilitic chancre suggests *Mercury*. But although there is often a degree of induration about the mercurial ulcer it is rather the "soft sore" than the Hunterian chancre that is most typical of the drug. It is the secondary stage with enlarged glands, sore throat and skin eruptions that is most likely to give a mercurial symptom-complex, and the modern method of using *Arsenic* at once and following with *Mercury* commends itself to the homœopathist as far as any routine procedure can. If, however, the symptomatology as a whole pointed to *Mercury*, the homœopathist would give the drug whatever the stage of the disease.

Sweating of the external genitals is a common mercurial symptom. In the female sex, the periods are

usually times of general abdominal discomfort. As a rule the menses are excessive. Leucorrhœa is profuse, worse at night, excoriating and the external parts are sore, swollen, inflamed.

* *Mercury* inflames the kidneys in poisonous doses and the *Perchloride* is one of the best remedies for the earlier stages of chronic nephritis. In general the quantity of urine is increased when the drug is called for.

The respiratory organs are chiefly affected in the air passages. The nasal and pharyngeal catarrh has been described but larynx, trachea, and bronchi are all affected. The inflammation is usually accompanied by free secretion of muco-pus, and there may be ulceration. Cough and pains are worse at night, and thoracic discomfort and oppression marked. Emphysematous conditions and bronchiectasis require *Mercury* fairly often and in certain pneumonias, especially those that do not resolve well, the claims of the drug should not be forgotten. The clue to its successful use will be found generally in the mental condition and in tongue and throat symptoms accompanying those of the chest. Palpitation and fainting on slight exertion are to be noted.

Regarding the special sense organs, inflammatory conditions of nose and middle ear have been described as often suitable for *Mercury*. The eyes show a chronic, obstinate conjunctivitis, with great thickening of the edges of the lids and tendency to agglutinate (cf. *Graphites*). Corneal ulceration is frequently well treated with *Mercury* and for iritis it is one of the best remedies. Naturally for syphilitic iritis it is specially to be remembered, but also may be indicated for other forms of the disease. The *Perchloride*, *Iodide* and *Sulphide* (Cinnabar) are here preferred to the metal.

Mercury causes lymphatic glands to swell. Periostitis, synovitis and neuralgias of big nerve trunks may all be accompanied with general mercurial indication. Bone pains are deep seated, intense and worse at night. Joints are notably affected, and when the heavy sweats are present, giving no relief, when every change of temperature seems to worsen the

suffering and also touch, pressure and movement, and when the nightly aggravation of pain is marked, the drug can be given with confidence in both acute and sub-acute conditions, and in exacerbation of more chronic ones.

The skin when *Mercury* is indicated, is often yellowish and rough, and subject to heavy sweats. Almost any kind of eruption, papular, pustular, urticarial, may be present. Chronic ulcers, syphilitic or other have hard edges and are slow to heal. Discharges are excoriating.

Drowsiness is a marked symptom of *Mercury* as of *Arsenic*, but the customary nocturnal aggravation of symptoms naturally disturbs the sleep at night. Dreams are vivid and generally horrible: sometimes lascivious. Patients are very apt to talk and groan while asleep.

The best antidote for overdosing with *Mercury* is *Hepar Sulph.* and *Kali. iod.* has value also in this regard. *Silicea* and *Mercury* are incompatible. All potencies are valuable.

SYMPTOM INDEX.

General Symptoms: < from extremes of both heat and cold: < night: tremor in general: tendency to chronic ulcerations: stage of suppuration in acute affections (e.g., smallpox, quinsy, furunculosis, etc.): < lying on R. side: < touch and pressure: < motion: > rest; < after eating: syphilis especially in secondary stage.

Mental Symptoms: Great distress and restlessness: dejection especially moral dejection; irritability: changeableness: sense of hurry: hurried speech: weak memory: loss of will power.

Head Symptoms: Dull and stupid feeling with dizziness: headache, oppressive and heavy: < night: pains in bones of head: eruptions and ulcers of scalp: exatoses: heavy perspiration of scalp.

Special Sense Symptoms: Chronic conjunctivitis: blepharitis: iritis: corneal ulceration, otitis media and inflammation of external ear: chronic nasal

catarrh: free excoriating discharge: ulcers: disease of nasal bones.

Alimentary Canal Symptoms: Mouth cracked: ulcers on lips: toothache from caries; gums swollen and bleeding: pyorrhœa: mouth inflamed or ulcerated: salivation: saliva thick and tenacious: tongue swollen, moist, flabby, indented by teeth: ulcerated: heavily coated: tremor of tongue: difficult speech: enlarged salivary glands: coppery taste or sweetish: dry, inflamed, ulcerated throat: quinsy: thick mucus in pharynx: difficult deglutition: violent thirst: appetite increased or lost: nausea, vomiting: pyrosis: pain, tension, fulness in stomach: gastric catarrh: catarrh of bile ducts: jaundice: liver region swollen and tender: colic and burning pain in abdomen: dysentery: loose, bloody, mucous, shreddy excoriating stools: tenesmus: in chronic complaints constipation: in-effectual evacuation.

Genito-Urinary Symptoms: Urine increased: inflammation of kidney: albuminuria: urethral ulceration and catarrh: ulcers on external genitals: increased desire but lessened power: sweating about genitals: profuse leucorrhœa < night: menses increased: repeated miscarriages: acute and sub-acute pelvic inflammatory conditions.

Respiratory Symptoms: Catarrh of upper air passages and bronchi: free muco-purulent secretion: cough < night: hoarseness: emphysema and post-pneumonic chronic conditions.

Cardiac Symptoms: Palpitation and fainting on exertion.

Muscle and Joint Symptoms: Sharp and aching pains < night: sweating gives no relief: synovitis: caries: periostitis: dislike of lying on R. side.

Skin Symptoms: Skin dry, rough, yellowish: papular or pustular eruptions: urticaria: enlarged superficial glands: chronic ulcerations: itching papules.

Sleep Symptoms: Drowsiness: unquiet sleep from horrible or lascivious dreams: much talking or moaning in sleep.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the society was held on December 5th, at the London Homœopathic Hospital, Dr. Byres Moir being in the chair.

The paper of the evening was read by Dr. Cash Reed on the Electro-cardiograph in general practice, and proved to be a most thorough and complete description of the value and uses of this instrument.

The thanks of the society were expressed by the President.

Dr. Wheeler. Dr. C. Hayward, Dr. Burford, and Dr. Neatby also spoke. Dr. Cash Reed replied.

GLANDULAR TUBERCULOSIS IN RELATION TO PHTHISIS.—Wallgren has made an inquiry as to the fate of over 500 patients at the surgical clinic of Upsala, Sweden, operated on in the period 1885-1905 for tuberculosis of the lymphatic glands; the inquiry bore special reference to the subsequent occurrence of pulmonary tubercle. He was successful in getting particulars of 224 out of the 500. The number becoming tuberculous was found to be 62—46 from pulmonary phthisis, 9 from miliary tuberculosis, and 7 from tuberculous meningitis. This proportion—over a quarter—is obviously greater than the incidence of pulmonary tubercle in the general population. The disproportion must be discounted a little because 29 of the 224 had signs of tubercle in their lungs while in the clinic. This group showed very heavy after-mortality. But of another group in which the case-notes contained express mention of the lungs being healthy, 11 per cent. became consumptive. The writer concludes that, on the whole, individuals who have had adenitis are more likely than indifferent persons to get consumption, although he does not deny that occasionally, in particular cases, an attack of adenitis may even confer a certain amount of protection against the more serious disease, a species of immunity which has been invoked by Marfan and others. Lastly, those individuals whose adenitis recurred after treatment became consumptive oftener than did the rest. It is a pity that *enquêtes* such as the above are not made oftener, since they have an actuality, an *a posteriori* quality, which is denied to laboratory experiment. So far as the above investigation goes, it confirms the praiseworthy caution of the attitude which refuses to act on the assumption that tuberculosis in early life confers later protection, and builds rather on the obvious facts that infection with tuberculosis having once taken place is extremely likely to recrudesce even after long periods of apparent cure.—*The Lancet*.

HOSPITALS AND INSTITUTIONS.
LAUNCESTON HOMŒOPATHIC HOSPITAL
(TASMANIA.)
NINETEENTH ANNUAL REPORT
To the Subscribers.

LADIES and Gentlemen,—Your Board of Management has pleasure in submitting to you the nineteenth annual Report of the Hospital. Ten Ordinary Meetings have been held during the year, the average attendance being 86 members. The House Committee has held regular meetings, and submitted its reports, and the Finance Committee has met monthly. Our Honorary Medical Officer (Dr. P. Douglas Smith) has again been unremitting in his attention to the cases under his treatment, in spite of greater demands upon his time in other directions, and we are once more much indebted to him for this great assistance to the institution, Matron Okines still remains in charge at the Hospital, and has carried out her duties most satisfactorily, though the past year has been a strenuous one in many ways. During the year Nurse Cooper completed her term of training, and upon leaving was handed the hospital certificate of competence. Mr. J. H. Taylor has had the supervision of the grounds at the new hospital, and under his care they have increased the neat and attractive appearance of the property. Mr. Hugh Dawson is still holding the position of Secretary with satisfaction to the Board. Our thanks are again due to Mr. R. McKimmie, Honorary Dental Surgeon to the Hospital.

The free cases admitted during the year amounted to 15 per cent., these being treated without payment of any kind. In the Out-patient Department the cases to a large extent have been treated free. The principal event of the year has been the opening, on August 1, of the new Hospital in Lyttleton Street, by his Excellency the Governor (Sir Francis Newdegate, K.C.M.G.). The function passed off very successfully, and there was a large attendance of subscribers and others interested in the Hospital. As will be known to all present here, the new building is splendidly adapted for the purposes of a

hospital. It was purchased at a cost of £2,450, and, owing to the generosity of numerous supporters, we were enabled to renovate the building, equip a new operating theatre, and furnish throughout in an up-to-date style. The six wards will accommodate 18 to 20 patients very comfortably, and this accommodation is capable of being added to as time goes on. The Board greatly appreciates the advice and attention given in respect to the new building by the Honorary Architect (Mr. Laidlaw), who supervised the alterations, which were successfully carried out by Messrs. Hinman, Wright, and Manser. We owe a debt of gratitude to the many subscribers, headed by our President, who have so generously given special donations for the purpose of starting this new venture, and to all those who have in any way contributed to its success. A committee of ladies have worked well in organising and carrying out a Button Day (realising £70), a function in connection with the opening day, American teas, and other efforts which have greatly assisted the funds. Towards the General Fund our numerous subscribers have again given us great assistance. Our supporters at Myrtle Bank and St. Patrick's River have once more donated their Harvest Thanksgiving Collections to the Hospital. Again we tender thanks to the State Government for granting us the subsidy of £200 on the £ for £ principle. Christmas gifts were received through the *Examiner* and *Daily Telegraph*. To these and all other donors and helpers we tender our very grateful thanks. We trust the ensuing year may result in an increased number of patients being treated, and that all our sympathisers will again encourage us with their confidence and support, as they have so liberally done in the past.

F. STYANT BROWNE,
Honorary Secretary.

October 24th, 1918.

ANNUAL MEDICAL REPORT, 1917-1918.

Mr. President, Ladies and Gentlemen,—The year covered by this report has been in many respects the most difficult and onerous in the history of our Hospital Circumstances connected with deficiency in numbers of

our nursing staff, illness amongst the staff, and removal to our present building have all militated against the smooth working of the institution, and imposed unusual and severe burdens upon the Matron and Nurses. A brief summary of the year's work is as follows :—There were remaining in Hospital from the previous year, 2 ; admitted during the year, 92 ; remaining at the close of the year, 1. Those who were discharged or died during the year numbered 93, of whom 71 were cured, 13 were improved or relieved, one was unimproved, and eight died. Of the eight deaths, all but one were due to causes necessarily fatal—cancer, advanced heart disease, etc. Of those admitted, 58 were residents of Launceston and the vicinity, 39 were from the country, and one each from Hobart and Victoria. The number of out-patient attendances for the year was 398. It is pleasing to be able again to note that the surgical work of the hospital was without fatality. One cannot close this report without mentioning as deserving our cordial thanks, the devotion to duty and unremitting care of our Matron and those who acted as her loyal assistants during a period of unusual stress and difficulty.—P. DOUGLAS SMITH, M.B., C.M., HON. Medical Officer.

THE OBSERVATION OF THE LIVING NERVE FIBRES OF THE CORNEA.—Dr. J. Strebel, of Lucerne, claims, in a recent number of the *Corresp.-bl. f. Schw. Aerzte* (p. 1442) that he can demonstrate the nerve fibres of the living cornea by means of focal illumination with a Nernst lamp and a corneal microscope. They appear as very fine, silver-grey, opaque, round little bundles in the depth of the corneal parenchyma, at the limbus ; they run a wavy course, coming nearer and nearer to the surface as they extend into the cornea, until they end immediately under the conjunctiva. A certain number branch dichotomously at nodes, the branches forming an angle of from 40° to 50°. Occasionally the bundles are surrounded for the first millimetre or two of their corneal course by a sort of sheath-like appearance which is sharply separated from the nerve bundle. Strebel recognises this to be the medullary sheath. He therefore challenges the statement that the nerves always lose their medullary sheath before entering the cornea, and recalls the fact that in some cases the fibres of the optic nerve likewise retain their white sheath after entering the eyeball. The nerves cannot, he says, be mistaken for obliterated vessels by anyone who observes them carefully. Their opaque, silver-grey look, their wavy course, and their dichotomous branching when it occurs, are all characteristic features. Although this observation dates back to 1913, no notice seems to have been taken of it in this country.—*The Lancet*.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM NOVEMBER 16TH TO
DECEMBER 15TH, 1918.

GENERAL FUND.

Subscriptions.

	£	s.	d.
Dr. John Weir	2	2	0
Miss M. A. Prichard	2	2	0
Mrs. Collins		5	0
C. G. Fothergill, Esq.	1	1	0
Dr. Compston		10	6
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Miss K. A. Disney		10	6
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W. Wilkinson, Esq.		10	6
Miss Holland	1	1	0
E. W. Quarterly Papafio, Esq.	1	0	0
Dr. P. Hall-Smith	1	1	0

Donations.

Mrs. Machell Smith	5	0	0
R. R. Douglas, Esq.	5	5	0

NATIONAL HOMŒOPATHIC FUND.

Subscriptions.

Dudley d'A. Wright, Esq.	2	0	0
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The usual monthly meeting of the Executive Committee was held at Chalmers House, on Wednesday, 18th December, at 4.30 p.m.

A meeting of the Beit Research Fund Committee (postponed from November) was held at Chalmers House, on Wednesday, 18th December, at 4 p.m.

CORRESPONDENCE.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

Sir,—I read in the October issue of the HOMŒOPATHIC WORLD, Pages 409-414., notes from Dr. Roberson Day, on Cases from the Children's Homœopathic Dispensary, and on pages 430-31 the doctor asks, "if you think well, he can continue such notes from time to time."

No doubt, the publication of all clinical studies of cases are helpful to the profession at large, but cases should be well described and diagnosed first, and the indications of each medicine in that particular case be given. Without the why and the for, such publications have no value, no matter from what source they may come.

8, East 29th Street,
New York.

Sincerely yours,
JOHN ARSCHAGOUNI.

VARIETIES.

EXTENSIVE OPERATIONS ON THE UPPER LIMB.—In our present issue Mr. J. W. Geary Grant records three cases in which he performed extensive operations on the upper limb for the removal of malignant disease. In one he performed Berger's operation, or removal of the whole upper limb with the scapula and half the clavicle. In the second case he amputated at the shoulder-joint, and in the third case he removed the scapula. Berger's operation, or interscapulo-thoracic amputation, is a very extensive procedure and the resulting shock is often extreme, though this may be mitigated to some extent by Crile's method of "nerve-blocking." All the modifications of the operation which have been introduced are intended mainly to diminish the amount of shock. In disarticulation at the shoulder-joint there is much less shock, but the bony surfaces left, notably the prominences of the acromion and the coracoid process, present a very awkward shape. Excision of the scapula is of the greatest value only in cases where the growth is strictly confined to that bone, but in the case recorded by Mr. Grant the glands of the axilla were affected, so that not only at the primary operation but also at two subsequent operations glands were removed from the axilla and from the posterior triangle of the neck. The choice between these various operations is generally dictated by the extent and the limitations of the disease, which clearly show how much must be removed. Though the shock is great with Berger's

operation, yet the clean sweep made of the contents of the axilla is in marked contrast to the slow dissection necessary when the axillary glands have to be removed without injury to the vessels and nerves. There is a further point in Mr. Grant's cases worthy of note, and this is that in each case a number of exposures to X-rays were given to the affected part, either for the removal of recurrent nodules or for a prophylactic purpose. The benefit of the use of X-rays in the prophylaxis of recurrence of malignant disease cannot be considered to be proved, but the method has logical reasoning behind it, and time will show its real value. Mr. Grant is to be congratulated on the results obtained in all of his cases.—*The Lancet*.

THE PROBLEM OF A CLEAN MILK-SUPPLY.—It has been demonstrated again and again that our milk supplies are collected and delivered under most reprehensible conditions, and yet no serious step has been taken towards reform. But the urgency of the problem has, at all events, received the recognition of the Ministry of Food, which has recommended the Government to take over the wholesale distribution of milk, a proceeding which ought to result in the delivery of a clean supply. The Manchester City Council are contemplating dealing with that city's milk-supply in the same way, and under the instructions of a sub-committee appointed by a sanitary committee of the council Professor S. Delépine has presented a report on two important matters connected with the problem. These are (1) the best method of determining the degree of contamination of samples of milk for administrative purposes; and (2) the actual state of the Manchester milk-supply. Taking the second point first because it can be dismissed in a few words, the results shown by Professor Delépine as regards contamination by dirt of Manchester milk "are deplorable." The contamination progresses from collection to delivery. Seriously contaminated at the stations, the condition of the milk is much worse by the time it gets into the shops and worse still by the time it arrives at the actual consumer. In deciding upon the best administrative procedure for determining the purity of the milk-supply Professor Delépine is led to recommend two methods: (1) the counting of the number of bacteria per c. cm. of milk, which, of course, involves time and the services of a skilled bacteriologist and (2) an incubation method in which is recorded the time required for the milk to go sour under certain conditions. It is suggested that this latter method, if worked out and standardised, might provide a reliable test as to the purity of the milk, which could be carried out after a short period of training by almost unskilled persons. We believe this to be a valuable suggestion, for in this way the farmer who is anxious to supply a clean article might be furnished with a reliable and comparatively simple test and means of control. Particulars are set out by Professor Delépine as to how and why contamination takes place at the farm, on the railway, at the dealer's shop, and during distribution, and the steps that should be taken to prevent contamination at all points.—*Lancet*.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Forster (Emily L. B.). *How to Become a Woman Doctor*. With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.

Hart (Bernard). *The Modern Treatment of Mental and Nervous Disorders*. A Lecture delivered at the University of Manchester on March 25th, 1918. Cr. 8vo, 1 p. 28, boards, net 1s. ; 1s. 6d.

King (F. Truby). *Natural Feeding of Infants*. With an introduction by J. S. Fairbairn. Cr. 8vo, swd., pp. 33, net 1s.

Lukis (the late Surgeon-General Sir Pardey, and **Blackhaur** (Col. R. J.). *Tropical Hygiene*. 2nd impression of 3rd ed., revised and enlarged. Cr. 8vo, net 6s.

Rose and Carless's *Manual of Surgery for Students and Practitioners*. 9th ed. 8vo, pp. 1,408, net 25s.

Shera (A. Geoffrey). *Vaccines and Sera. Their Clinical Value in Military and Civilian Practice*. With an introduction by Sir Clifford Allbutt. 18mo, pp. 247, net 7s. 6d.

Stewart (G. N.). *A Manual of Physiology*. 8th ed., 8vo, pp. 1,269, net 21s.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the MANAGER " of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Goldsbrough, London —
Dr. Burford, London—Mr. Frost,
Chelmsford.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med. Fran Homœopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.—
North American Journal of
Homœopathiy.

The Homœopathic World.

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ORIGINAL COMMUNICATIONS :

Letter from the Front. By James Eadie.

Drug Indications for Influenza and
Pneumonia. By Dr. Weir and Dr. Tyler.

Experiences. By Dr. R. Stephenson,
N.Z.A.M.C.

Lachesis.

London Homœopathic Hospital Pound Day.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th October to 15th
November, 1918.

SOCIETY'S MEETING :

British Homœopathic Society.

VARIETIES :

Medical and Surgical Works.

To Contributors and Correspondents.

Jan. 1, 1919.]

HOMŒOPATHIC WORLD ADVERTISER.

LONDON HOMŒOPATHIC HOSPITAL,

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WINTER SESSION 1918-19.

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A Course of Lectures on Homœopathic Materia Medica, Therapeutics and Clinical Medicine will be given by CHARLES E. WHEELER, M.D., B.Sc. (Lond.), Physician to the London Homœopathic Hospital, at the Hospital, on Mondays and Thursdays, October to December, 1918, at 5 o'clock, beginning on Monday, Oct. 14th.

THE COMPTON-BURNETT LECTURES.

A Course of Ten Lectures on Homœopathic Philosophy and Prescribing, as illustrated from the writings of the Organon and Modern Developments therefrom, will be given by JOHN WEIR, M.B., Ch.B., Glasgow., Assistant Physician to the London Homœopathic Hospital, on Fridays, October to December, 1918, beginning October 11th, and ending on December 13th.

FEES, SCHOLARSHIPS, SIZARSHIPS, &c.

All Information as to Fees, Scholarships and Sizarships may be obtained on application to the Hon. Sec., Education Committee, London Homœopathic Hospital, London W.C.

An Introductory Lecture to the whole Education Course will be delivered at the Hospital on Thursday, October 10th, 1918, at 5 p.m. by CHARLES HENRY ECCLES, M.R.C.S.; L.R.C.P. (Lond), of Nafferton, Yorks.

ALL MEDICAL MEN OR WOMEN ARE INVITED TO THIS LECTURE.

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THE PRESCRIBER.

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THE
HOMŒOPATHIC WORLD.

FEBRUARY 1, 1919.

RECONSTRUCTION.

DR. Burford continues in this month's issue (and will conclude in the next one), his forecast, which is both a warning and a call to action. Homœopathists must think in good time which of the possible alternatives offered by any future reconstruction they prefer for their Institutions. For ourselves we feel strongly that no effort should be spared to obtain recognition of our work as the development of a special therapeutics deserving of encouragement, and we should prefer an acknowledged place in the general scheme to any independent existence. Such a life would be at the best precarious, and separation from the main stream of national work is good neither for a cause nor for exponents thereof. We should rather put forward the argument that the great danger of a nationalised medicine will be that its practice may grow stereotyped by the tendency to suppress individuality and new thoughts, and that the remedy against this danger is the encouragement of as much variety as possible within the national organisation.

NEWS AND NOTES.

THE TREATMENT OF INFANTILE SCURVY.

THE value of lemon juice in the treatment of scurvy has long been recognised, but, with infants, the inability to take large quantities of so acid a substance has prevented the fullest use being made of it. Since the recent work on vitamins (to the presence of which in lemon juice its anti-scorbutic power must be attributed), it has been shown that the acid of lemon juice is in no sense necessary for its usefulness as a remedy for scurvy. A recent paper in the *Lancet* by Drs. Harden, Zilva and Still gives details of the use of an extract of lemon juice, made neutral or left only faintly acid. It has proved most successful and in one severe case the quantity administered to an infant of seven months would have entailed, if given in the form of lemon juice, the giving of 42½ lemons in five days. As this clearly would have been an impossible quantity, the advantages of using the extract become apparent.

HONOUR TO SISTER MAY.

ALL who know the London Homœopathic Hospital know and honour Sister Mary Edgar (Sister May) and all will rejoice to hear that she has had conferred on her the Royal Red Cross in recognition most well deserved of her skill and devoted service ; we offer our heartiest congratulations.

MESSRS. KEENE & ASHWELL'S DIARY.

THIS Diary for 1919 is in our hands. It is as good as ever and we can only repeat once more that it is a treasure to all who are lucky enough to possess it.

A URINARY TEST FOR SYPHILIS.

A SIMPLE urinary test for syphilis is described by C. D. Gray in which only a few test tubes, one of which must be graduated in millilitres (c. c.), and two stock solutions are required. The reagents consist of (1) a

solution of iodine in chloroform or carbon tetrachloride ; (2) phosphoric acid, 10 per cent. strength. To perform the test make 6 mils of fresh urine, acid in reaction and of normal sp.gr. (above 1.016) and free from sugar ; add one mil of solution 1 and shake thoroughly for two or three minutes. The reaction depends on some substance which inhibits the decoloration of the iodine. After the mixture has been thoroughly shaken, the tube is set aside for a few minutes, when the chloroform will settle to the bottom, being either pearly white (a negative reaction), or coloured pink or purple, when syphilis is to be suspected. One mil of solution 2 is then added and the contents of the tube again shaken. If the chloroform becomes white after standing a few minutes the test is negative ; if it remains coloured, the result is positive, subject to the following conditions : The presence of sugar, even in the slightest trace, will produce a positive reaction ; so also will a low specific gravity urine. The consumption of beer by the patient within a few hours of the test being made will also produce a positive result. The test is not interfered with by the presence of albumin, bile, indican, or blood ; cystitis due to various organisms does not give rise to a positive reaction. From the results obtained the author concludes that while the test does not actually afford a positive diagnosis for syphilis, it has its place in the examination, and in certain cases may aid greatly in determining a more elaborate test.—*Prescriber.*

DR. ARTHUR ROBERTS.

We deeply regret to have to record the death of Dr. Arthur Roberts, for many years the honoured and most efficient representative of Homœopathy at Harrogate. His long career has been one of devoted service to his patients and to our cause, and in him will be mourned a colleague and a friend.

A CASE OF ASPIRIN POISONING.

WE take this from *The Lancet* :—

In view of the promiscuous way in which aspirin, often self-prescribed, is taken by the general public

the following case is of considerable interest to the profession.

Patient, sergeant, U.S.A., aged 24, was admitted to the Thetford Military Hospital, on October 25th, 1918, with the history of having been taken ill two days previously with influenza. He was a powerfully built man and gave no history of previous gastric or intestinal trouble. He stated that he had been taking aspirin capsules of his own in addition to 18 5gr. tablets given to him by the medical orderly. Instead of keeping to the prescribed dose, he had taken them all, together with a number of capsules in the course of six hours. He did this in order to get fit quickly, as he was under instructions for France.

On admission patient was markedly anæmic, temperature 101.4°F, pulse 120. During the day he vomited undigested milk, with no trace of blood. On October 26th, the anæmia was more profound. Pulse 150—weak and irregular. An enema was administered with little result. The vomiting continued at intervals. On the following morning, at 5 a.m. a large quantity of blood was passed by the bowel and he rapidly became unconscious. No thought of an exploratory laparotomy could be entertained. He died a few hours later.

Post mortem.—There was no peritonitis, and no free fluid in the abdominal cavity. The last five feet of the ileum was acutely congested, and the cæcum and colon were loaded with blood clots. The line of demarcation between healthy and congested bowel was very definite. On opening the small intestine it was found to be uniformly inflamed. The mucous coat had apparently disappeared, leaving the submucous coat and blood vessels exposed and eroded. Bleeding from this large area had evidently been the cause of death. The other organs were in a healthy condition.

Remarks.—Aceto-salicylic acid is known to pass unchanged through the stomach and upper portion of the small intestine, and is then converted into free salicylic acid. It is probable that this man took nearly 200 gr. of the drug into an empty alimentary canal, and that the salicylic acid formed was respon-

sible for the removal of the whole lining membrane of the bowel in the area described. The mucous membrane of the cæcum and colon appeared to be unaffected. An inquest was held and a verdict of "Death by misadventure through an overdose of aspirin" was returned. It would be interesting to know if this possible action of large quantities of salicylic acid on the bowel is recognised, or if this case may have been due to some impurity in the aspirin.

PARAFFIN THERAPY.—Melted paraffin has a lower specific heat capacity than that of water—roughly, about one half, and lower for the harder paraffins—and can hence be applied to the body at a higher temperature. It also shrinks as it cools and so makes a slight equal pressure on the tissues beneath. These characters give it advantage in the treatment of swellings and stiffness of joints, which are thus treated by it in St. Anne Hospital at Toulon, as we are told in the *Archives de Médecine Navale* for August. This use of paraffin (paraffinotherapy) has been adopted by the French Admiralty. It was introduced by Dr. Barthe de Sandfort, who also introduced ambrine for the treatment of burns, and was formerly a medical officer in the French Navy. There is a room in that hospital for this treatment. A large tank of melted paraffin is the central feature. In it are two coils, one (steam) for raising the temperature to 120° C. (248° F.) to sterilise it, the other (cold water) to reduce its temperature to the practical limit of 53°-50° C. (127°-122° F.). The melted paraffin is either put into baths in which is immersed so much of the patient as is necessary or the patient being laid on a sheet, the hot liquid is poured over him by jugs or ladles. A patient with a stiff knee, for example, will every day for the first week have his knee dipped in a bath and removed, dipped a minute later and removed, until his leg is encased in paraffin, when he rests for half an hour or so and has his paraffin case removed, as is easily done, the case being separated by the free sweating which occurs. After the first week the treatments come every second day, and at the end of a fortnight his knee should be well—that is the usual experience. Heat somewhat prolonged, equable pressure, sweating—these are the factors which are supposed to account for the so frequently successful results. The diseases treated are swellings, stiffnesses, contractions of joints and fibrous ankyloses; neuritis, phlebitis, neuralgias, and arthritis, whether gonococcal, gouty, or rheumatic, and whether acute, subacute, or chronic. The treatment does not exhaust the patient, but increases his appetite, and the paraffin, constantly sterilised, is but little wasted. The *Archives de Médecine Navale*, from which we quote, reports this treatment as a definite therapeutic advance.—*Lancet*.

ORIGINAL COMMUNICATIONS.

SOME REMARKS ON THE COMING RECONSTRUCTION, FROM A HOMŒOPATHIC ANGLE OF VISION.

I. "SALUS POPULI SUPREMA LEX."

The most insistent call of this present time is for the reconstruction of the fabric of national life. Socialism—"we are all Socialists now," said Sir William Harcourt: the inspiring spirit of Feminism: the Labour party with its Intelligentsia: town planning and model village experimentation: these are among the forces come to birth for the regeneration of the Social State. Through all these as a red thread—nay under these as a firm foundation—is the paramount necessity for a heightened national physique. No Government has been able to run an A1 empire with a C3 population. A great chemist of the Victorian age declared that the political fall of the old-time City State was due to the physical decadence of its nationals. The terse exclusiveness of the titular Latin phrase betokens sound statesmanship as well as humane administration.

II. CIVIC INEFFICIENCY.

Truly, as Osler put it, bacilli are deadlier than bullets: civic inefficiency provides us every year with the sacrificial spectacle of thousands slain by typhoid, tens of thousands by tubercle, and hundreds of thousands of infant lives cut short by various microbial assassins. Take the outstanding example of tubercle: already before the war a great medical authority asserted that tuberculosis could be swept away in ten years—given the necessary, practicable, administrative powers! The moving finger of the Registrar-General writes that in Great Britain, in the year 1917, more than fifty thousand human beings fell victims to tubercle. Add to these holocausts that enormous

desolation due to venereal disease, and some idea is gained how the health of the people is pulverised, smashed and almost destroyed by preventable scourges. If preventable, why not prevented? Thank God, the heralds of a new order of physical well-being for this country are even now hammering at our doors.

III. STATE MEDICINE.

For the safeguarding of national vigour, it is proposed to establish a Ministry of Health, and a Government Bill for its institution was one of the final products of the late Parliament. The Bill proceeds cautiously, and is "rather an enabling than an enacting measure." Generally "it is made the duty of the Minister of Health to take steps for the effective carrying out of measures conducive to the health of the people." For the Minister's guidance a consultative council is proposed who shall consider, and make recommendations on, among other things, "Questions involving considerations of important principle and scientific difficulty affecting or incidental to the health of the people." Other consultative councils may be created: and the scope of inquiry and recommendation is of the widest, on all matters concerning the prevention of disease and the effective treatment of the sick.

Here, in administrative organisation, is an ampler development of such administrative powers as are already represented by the Insurance Commissioners, the Central Midwives Board, the Home Office powers under the Children Act, 1908. But the angle of administrative vision is immensely widened, the official control correspondingly increased, leaving nothing concerned with sickness and health outside its purview. The Bill is to be re-introduced early in the present Parliament.

IV. THE PROFESSION OF MEDICINE AS ONE OF THE NATIONAL SERVICES.

This then, is in outline the Reconstruction of Medicine as a National Service planned so as "to ensure that the best advice and treatment be placed within

reach of every man, woman and child in the community." For this, all the departments of medical science likely to be of service to the commonwealth are swept into the administrative net. Such for instance, as the vast complex of preventive medicine in all its ramifications, including the preservation of infant life; provision for safe maternity; stamping out the sources and delimiting the spread of infective diseases, involving the elimination of slumdom and all its works; *et hoc genus omne*. Public hospitals are to be so distributed as regards site and work as to fit into the wide scheme of administrative requirement: and a State medical service in closest touch with the requirements of civilian well-being, the ideal of philanthropist and politician, is now, year by year, to be steadily evolved.

V. THE HOMŒOPATHIC CONTRIBUTION.

To the sentry, says George Eliot, the hour of duty is regal. What part is Homœopathy to play, in this country, in the tremendous uplift which is envisaged and planned for the health of the people?

By right of fitness to add potency and success to measures for this leap Homœopathy *ought* to take a position, public and unmistakable, in the State organisation against disease. The material for forming a judgment on the competence of Homœopathy for such contribution is at hand: it is the value of Homœopathy, expressed in figures, derived from Institutional work. Thus in the epidemic of acute polio-myelitis in 1916, thirty-three consecutive cases were treated at the Flower Hospital, New York, by the intra-spinous method of injection of homœopathic remedies. Of the thirty-three, only one died: the average mortality of cases in New York was twenty per cent. In the London Homœopathic Hospital during the winter of 1917-1918, 32 cases of pneumonia in men, women and children were treated: some of the cases were of an unusually severe type. The total number of deaths was two. And as regards the preservation of child life, at the Müller Orphanage at Bristol, fifty consecutive cases of pneumonia were treated in the

years 1905-8 by the homœopathic physician attached to that Institution. Mortality, *nil*.

VI. ORGAFISATION AD HOC.

The call is insistent for the adherents and beneficiaries of Homœopathy in Great Britian to federate for a common purpose—that this form of medical practice have representation on the official advisory and executive bodies, and freedom for growth and development as a factor in the national health. Ours is a minority cause, but it does not follow that we are in any way a feeble folk. International and other experiences make it quite clear that our national power for usefulness is exactly proportioned to our unity. Our fitness for the new duties is certain: our readiness requires careful and diligent preparation to take the position our fitness merits. The various water-tight compartments of Institutional Homœopathy in this country should and must be made co-operative at this time to this end. First, a conference of the Chairmen of the Homœopathic Hospital and Dispensary Boards in this country: next, a convocation of the officials of the extra-hospital institutions—the British Homœopathic Society, the British Homœopathic Association, and finally the representatives of a body whose homœogeneity is all too little developed—the homœopathic chemists: these companies, first in committee and afterward in congress, may consider, as in a House of Commons, how best to co-operate so as to ensure for Homœopathy the necessary unification in its preparation and procedure.

VII. OUR HOSPITALS.

Much water will have flowed under London Bridge ere the readiness of Homœopathy for work under State auspices is assured. The position and prospects of our own voluntary hospitals, within or outside State amalgamation, will require discreet watchfulness for years to come. *De minimis non curat lex*: and fears already are expressed, concerning voluntary hospitals in general, that if—as in pivotal industries in recent warfare—the

State assumes control of these, they will be voluntary hospitals no longer. An object lesson for homœopaths is in one of the continental countries, in whose capital a homœopathic hospital was not allowed to be erected, on the ground that the provision of hospitals was already sufficient for the population. Ultimately place was found for it nineteen miles in the country.

Professor Thelwall Thomas writes of the voluntary hospitals with forebodings that "any drastic change into a state medical service will hardly appeal to the British democracy, who have not shown any great love for bureaucracy: such a possibility fills many with anxieties. *The possible transference of the administration of hospitals from the hands of gentlemen who have devoted their lives to the self-imposed task might do harm. It will, I hope, be possible to retain the services of present expert lay Committees in any new proposals.*"

Requisite and necessary hospital provision for the community is no longer to be left to private initiative: like education, it is to be provided by the State for all. No scintilla of charity will attach to hospital life: it will be a protective mechanism of the State for its own salvation. Provision for hospital maintenance will be part of the Chancellor's burden year by year, like that for the Post Office or the Navy: and a great extension of hospitals and hospital equipment will be of the essence of the movement. The whole of the community will thus be hospitably provided for, and the most complete scientific installation, and the highest professional abilities and experience included in the hospital service; the natural result will be to supersede voluntary hospitals, and incorporate those existing and their work in the new national establishment as far as practicable. Where impracticable, the rest is silence, as concerns the greater part of such an excluded remnant; and insistent indeed must be the ground to justify public appeals for funds to carry on voluntary hospital work, with the resources of the State and the organised medical profession on the side of the national establishment. One or other alternative constitutes the prospect of homœopathic institutions: there is no

tertium quid: either recognition as part of the State service, being made conformable to State organisation: or moving on the outskirts of national medical life, a transient and embarrassed phantom, jugulated by the State medical provision for every sick person.

TOBACCO AND SOME OF ITS MEDICAL USES.

By A. SPEIRS-ALEXANDER, M.D., C.M.

Ophthalmic Surgeon to the London Homœopathic Hospital.

THOUGH tobacco is a poison, yet it must be some consolation to its devotees that it is generally a very slow one, and many inveterate smokers never suffer at all from its effects.

It may, however, cause symptoms of violent acute poisoning when taken in large doses by those unaccustomed to its use. Let a tyro smoke a strong cigar, and he will probably experience considerable cause for after regret. He will not soon forget the deathly nausea, vertigo, faintness, cold, clammy sweat, and intense prostration of which he has been the victim. Happily these effects soon pass away, and if the sufferer have not been entirely cured of all inclination to renew his experiment, he may soon acquire toleration for the drug.

Fatal results from over-dosing are by no means unknown. A relative of the writer's is said to have died in Burma, in the year 1824, from nicotine poisoning. He was at the time suffering from an attack of fever, when his bearer advised him to try a cheroot as a means of relief. He had never smoked before in his life, but, following the advice given him, did so then, with the result above recorded.

The symptoms of acute tobacco poisoning are so suggestive of sea-sickness, that the drug has naturally been resorted to by homœopathic practitioners for the relief of that distressing malady.

Some years ago, I gave some powders of *Tabacum* 200 to a lady patient who frequently crossed the channel

to France, and was always attacked by *mal de mer*. She took a powder before going on board, and again after starting on the passage, obtaining marked relief from their use. I have tried them on other patients also, with the same beneficial results.

It should not be assumed that it is an infallible cure for sea-sickness, as other medicines might be indicated by any marked symptoms present, and be equally effectual. On one occasion, when going to America, the writer, in getting up from his berth the first morning out, as the ship was rounding the S.E. coast of Ireland, began to experience the throes of sickness. On lying down again, the symptoms all passed away, only to recur on again attempting to rise. This condition indicated *Bryonia*, a few doses of which completely removed it, and the sickness did not return all the way over.

The symptoms of slow poisoning may be developed in habitual smokers, and are said to be more pronounced when alcohol is also used in considerable quantities over a long period. They may occur, however, in smokers who abstain from alcohol.

The effects may be marked on at least four different organs or sets of organs, namely, the throat, the heart, the nerves, and last, but not least, the eyes.

In the first of these, a chronic form of pharyngitis is set up, with frequent hawking of mucus, and a constant dry, irritating cough, which no medicines can cure.

Fortunately, it promptly gets well if its proprietor can be induced to give up smoking. A retired colonel of marines, an inveterate smoker, was much troubled with cough of this nature. While suffering from an attack of pneumonia, he had perforce to dispense with his pipe, and the result was that the cough entirely disappeared. His recovery, however, was short lived, as the pipe presented such attractions that he thought it better to endure the recurring cough, rather than relinquish his habit.

On the heart, the effects of long continued and heavy smoking may be felt as palpitation, precordial distress, irregular pulse, dyspnœa, etc. These effects are by no means uncommon, but, like the others, cease after a time

if the productive cause be abandoned. Their occurrence from other causes than tobacco, might be a useful indication for the choice of the drug, from the point of view of homœo-therapy.

The nervous system is undoubtedly injuriously affected by excessive smoking, and certain cases of neurasthenia are alleged to be due to it. In the South African war, the colonel of a certain regiment succeeded in inducing his men to give up cigarette smoking, in which they had indulged immoderately, with the result that their staying power and efficiency markedly improved. Space does not permit of entering further on this part of the subject, but it may be added that the writer has frequently prescribed the medicine *tabacum* in those cases of nervous erethism (not of course due to tobacco) in which there is sudden and distressing jerking of the whole body during sleep, or on just falling to sleep. Here, in the twelfth dilution, it will be found effectual.

One of the most important and interesting effects of tobacco is on the eye—or rather on the sight—in giving rise to what is known as *Tobacco amblyopia*. The oculist not unfrequently meets with such cases, and as the general practitioner may also be called upon to deal with them, it is important to know how they may be recognised. By way of illustration, an actual case may be cited. Some years ago, a gentleman of fifty applied for advice on account of failing eyesight. He was a myope, and the glasses that had hitherto given him normal vision, were no longer effectual, nor did any alteration in the lenses improve matters. He complained of dimness and confusion of sight; everything looked blurred and foggy, or as though there were a mist before his eyes. The field of vision was unaffected, that is, he was able to see objects, and also to distinguish colours, when held within the usual range above, below, and on either side of the eyes. No change of any kind could be discovered in the ocular media, nor yet in the fundi. So far all was negative. In such cases, there is one positive sign that may be relied on to guide to a correct diagnosis, namely the existence of a central scotoma for red or green. The

test is carried out as follows :—one of the patient's eyes having been covered, he is directed to look fixedly at the examiner's eyes. The latter then slowly draws a small piece of red or green paper, fixed to the end of a small rod, from the periphery to the centre of the patient's field of vision. The colour will be recognised in the external parts of the field, but if *tobacco amblyopia* be present, it will not be seen at the point of fixation, or centre of the field of vision. The condition is known as a central colour scotoma, or blank space in that portion of the field. The patient will be unaware of its existence, as large surfaces of colour are still perceptible in other parts of the field.

In the case already alluded to, the patient was also given to the free use of alcohol, which probably aggravated his condition. Happily, total abstention from both tobacco and stimulants resulted in the complete restoration of his sight.

Per contra, tobacco may be usefully employed in the homœopathic treatment of certain cases of failing sight. If it can cause partial blindness, it is also capable of curing it, as the following case will prove. Fortunately, the latter possessed the peculiar advantage that the result of treatment could be demonstrated objectively with mathematical precision, a circumstance not always attending some case records.

On 28th November, 1918, Mrs. T., aged 48, came to the ophthalmic department of the London Homœopathic Hospital, complaining of loss of vision in the left eye. The sight was not entirely lost, but was very indistinct and misty. On testing by distant types, vision was found to be only $\frac{6}{60}$. Colour sense was not lost, nor was the field of vision affected, and there was no central scotoma. The patient—unlike many modern women—was not a smoker. No change of any kind could be detected in the eye by ophthalmoscopic examination. The right eye was quite normal, distant vision being $\frac{6}{6}$. What was the cause of the failure of vision? Unfortunately, none could be discovered, and it remains a mystery to this day.

Not so its cure, however. How was that to be effected? *Tolle causam* is a very ancient and wise

precept, but when no cause can be found, it is not very easy to follow. For the selection of the homœopathic simillimum, Hahnemann directs us to be guided by the "*prominent, uncommon, and peculiar* features of the case." Here, however, there were none, save loss of sight—a negative condition.

What then was to be done? The only course available seemed to be to fall back on "General Principles," as we used so often to be counselled to do in our student days. What known drug was capable of causing impairment of sight, without giving rise to any perceptible change in the eye? The answer is obvious. *Tobacco*.

That drug was accordingly prescribed in the twelfth dilution. *t. d. s.*

On the 12th December the patient returned, saying she could now see much better, and on testing, her vision for distance was found to be $\frac{6}{6}$.

She was asked to continue the medicine for a little longer, which she did till 2nd January, 1919. On that day she again presented herself for examination, when her sight was found to be restored to normal, or $\frac{6}{6}$. What was the pathology of this case? is a question that most medical men will be likely to raise, and it is one that must remain unanswered. But one of the great advantages of homœopathy is that a cure may often be effected even when the diagnosis is uncertain. That the case just related was cured by infinitesimal doses of *tobacco* seems as certain as that the previous case was caused by immoderate use of the drug; and it may be added that this is by no means the only case of the kind that has occurred in the writer's experience.

NITRIC ACID.

Solution of Nitric acid: lower potencies are made with distilled water.

ALL acids are protoplasmic poisons and most living matter is incapable of surviving in an acid medium.

Concentrated acids destroy tissues and are sometimes used as caustic agents for small *nævi* and *papillomata*. Mucous membranes are naturally less resistant to this

local action than the epidermis. Therefore if strong acids are swallowed, œsophagus and stomach may be perforated. Non-corrosive solutions cause reflex secretion of saliva and, if enough in quantity to raise gastric acidity, may influence the formation of secretin in the duodenum and thus affect the pancreas. On absorption into the blood, acids must be at once neutralised. To this end the tissues set free some ammonia and also the fixed alkalies are drawn upon. These neutralising processes are more active in man and carnivora than in herbivora, because the former have more acid formed in their tissues normally and need a well developed mechanism to deal with it. If acid is tending to accumulate in the body, the tissues, in the endeavour to neutralise it, are unable to get rid of as much carbonic acid as in normal circumstances, and the CO_2 may increase to a fatal point. The administration of such a drug as sodium bicarbonate in such a case, by supplying extra alkali for neutralising the acid, relieves the situation, at any rate, for the time. The salts formed after absorption of the acid are excreted by the kidney, but in an acid form in order to keep back in the body as much alkali as possible. Hence the urinary tract may be irritated and albumin or even blood appear in the urine by prolonged administration of acids. Heart, liver, muscles and kidney have been found to be sites of fatty degeneration after acute acid poisoning: chronic acid poisonings induce anæmia and loss of vitality, but these symptoms may be an indirect result of the effects of the acid on the processes of digestion.

Therapeutically non-homœopathists make little use of Nitric acid. Its reputation in some liver diseases is an indefinite one, to which homœopathy can give more precision. For homœopathists, as a result of provings and experience founded on provings, value Nitric acid highly, especially in the acuter phases of chronic diseases.

Before turning however to homœopathic sources of information, the comments of Professor Schulz on this drug are worth some consideration. He notes a definite effect from long continued use of Nitric acid on

the skin, comparable to the local effects of dilute solutions when there is not concentration of acid enough to destroy tissue. Redness and itching are followed by papular and pustular eruptions especially related to the hair follicles; the hair falls out; old scars are apt to become painful; and if the eruption is rubbed or scratched the skin bleeds readily. Heavy night sweats appear, and a certain degree of jaundice.

Palpitation is a common symptom and cardiac anxiety, and notably an increase in pulse frequency on even slight exertion. Irregularity of the pulse is also to be noted. The respiratory mucous membranes from nose to lungs are affected. Cough with free discharges, bleeding from the mucous surfaces and pain and dyspnoea were produced in Schulz's provers. Dull, pressing, throbbing headaches were frequent and consequent disinclination for mental work and loss of energy. There was some conjunctivitis produced and subjective sight sensations.

Along the alimentary canal even more marked symptoms appeared. Gums became swollen, small suppurations appeared on lips, tongue and palate. The tongue became coated and the salivary glands enlarged and painful. Flatulence and abnormal pain were marked: the stool was hard and dry and crumbling or else loose and bright yellow coloured and foul smelling, the anus showed hæmorrhoids and the stool often contained blood.

There was some evidence of enlargement of spleen, thyroid, and lymphatic glands. The urine was generally increased in quantity, notably foul smelling, and albumin and blood were both observed. Joint and muscle pains of some intensity were also recorded. Schulz believes that dark persons react better to this drug than fair, and homœopathic experience tends to confirm this opinion. Schulz appears to value the drug most for diseases of the liver and kidneys, but selects it according to the correspondence in symptomatology between the case and the drug provings.

Nitric acid to the homœopathist is a remedy rather for chronic than for acute disease, and its place is

generally not so much a primary as a secondary one. Thus it frequently makes its mark when a chronic disease has progressed some way to cure under (it may be) Sulphur or Calcarea or Thuja or Kal. carb. and then seems to hang fire. A review of the symptom-complex at this stage will often show some change from the first picture upon which a drug was chosen and Nitric acid is not infrequently suggested.

It is often needed in syphilitic cases with late secondary or early tertiary manifestations, and particularly when Mercury has been too freely given. For like Hepar Sulph., Nitric acid is an antidote to Mercury. The junction of mucous membrane and skin is always a favourite site of action for this drug, and consequently, condylomata, fissures and ulcers at the mouth and the anus, as well as fistulæ and hæmorrhoids and papillomata are conditions that suggest its use. Whenever there is a history of heavy dosing with Mercury and there are manifestations of disease at or near one or other of the orifices of the body (nostrils, mouth, ears, urethral orifice, anus), Nitric acid is likely to be useful. Gonorrhæal or tubercular conditions will respond as well as syphilitic when the general symptoms correspond.

Nitric acid seems also to be antidotal to the poisonous effects of Iodide of Potassium (in homœopathic practice it is frequently found indicated after another salt of Potassium, Kal. carb.) and Dr. Burnett recorded a brilliant cure of a case of actinomycosis affecting the neighbourhood of mouth and anus, wherein much Iodide of Potassium had been given without the customary benefit. Nitric acid 3x cured it completely and may have owed part of its efficacy to its antidotal effects to the excessive and unsuccessful employment of Iodide.

As far as regards its general characteristics, Nitric acid is called for in chronic inflammations and ulcerations both of skin and mucous membranes, when discharges are thin, offensive and excoriating, much like those that are caused by Arsenic. There is none of the thick purulent secretions that characterise for instance the catarrhs that call for Pulsatilla. Ulcers however generally have more exuberant granulations than when Arsenic is

suggested, and they bleed very easily and freely. There is a characteristic pain which appears in various localities in Nitric acid provings compared to the sensation of a splinter sticking in the affected part. This pain may be felt in ulcers, in the pharynx, in the rectum, but whenever the symptom is fairly elicited it is a strong hint for the trial of Nitric acid. It is generally caused by some kind of contact: thus it will be felt in the throat on swallowing, in the anus on defæcation, in an ulcer when it is dressed and so on.

Not only do ulcerated surfaces bleed when Nitric acid is indicated, but hæmorrhages in general are often controlled by it. The blood is profuse and arterial and may come from lung or bowel or uterus. Thus in advanced phthisis the drug is often most useful; the chest walls are sensitive and sore to touch, there is dyspnœa, hoarseness, tickling and tiresome cough with offensive, thin sputum: sweats (and sometimes diarrhœa) are profuse and exhausting. The right side is more usually affected than the left in cases that call for Nitric acid.

The hæmorrhage from the bowels may be due to hæmorrhoids or to colitis or ulceration of the small intestine. There is usually much mucus with the stools which are (if loose) green and offensive: but the patients, who need this drug are more often constipated, and it is one of the best remedies for chronic constipation when other symptoms correspond. Passage of a motion (whether loose or constipated) usually causes great pain which persists for long afterwards. This is often to be interpreted as an indication of anal fissure which is a condition much helped by Nitric acid (cf. Pœonia). The upper part of the alimentary tract is also influenced by this drug. The mouth and tongue may show ulcers and inflammations: saliva is either increased or greatly diminished: the tongue is coated white or yellow. Ulcers in the pharynx with the characteristic "splinter" pain on swallowing are often present, and the whole condition of mouth and throat is apt to be foul and septic. The appetite is generally lost and if there is any craving it is as a rule for indigestible things. Fat food is often desired, an unusual drug symptom. In the stomach

burning pain appears with waterbrash, hiccough and vomiting, or at least nausea : blood may appear in the vomit. A direct effect on the liver appears to be produced leading to pain and swelling in the right hypochondrium and some degree of jaundice. The stool, as already stated, is usually constipated, the rectum and anus are much affected and pain, ulceration, warts, fissure or hæmorrhoids may, one or more of them, be troublesome.

The relation of Nitric acid to the orifices of the body is also shown in its effect on the nostrils and external ears. Cracks, ulcers (bleeding readily) and fissures are common in and near both places. Similarly the genito-urinary orifices are influenced. Ulcers and vesicles appearing about penis and prepuce, and gonorrhœal warts : ulcers and inflammations and papillomata about the vulva and vagina, and inflammatory disorders of the cervix uteri, all of these may be favourably affected by the drug, especially when they are late secondary or early tertiary manifestations of syphilis. If gonorrhœal in origin Thuja should have the preference generally, but Nitric acid often completes satisfactorily an improvement begun by Thuja. The effect of Nitric acid is also exerted more deeply on both kidney and generative organs. Hæmaturia with acute nephritis, for instance, is a condition that may yield well to the remedy. Characteristically the urine has a very strong offensive odour suggesting sometimes the presence of Hippuric acid. Excretions and secretions with Nitric acid are all apt to be offensive : thus offensive sweat on feet, hands, or in the axillæ is a noteworthy symptom. For uterine hæmorrhages the drug is often invaluable, particularly for the profuse periods that may accompany subinvolution after miscarriage or confinement or may usher in the climacteric. It will frequently control the drenching hæmorrhages of fibroid growths, but it does not appear to affect the progress of the tumours much if at all, and its use in these cases is palliative in the main. It is most useful when the blood is bright and free flowing. The testicles do not escape the action of the drug, and some cases of orchitis do well on it, but the hint for its use is

generally given by some definite local inflammation near the urethral or anal orifices.

The power of Nitric acid on the eyes (right especially) is mainly concerned with the iris and is best shown in syphilitic cases, when Mercury has been too heavily given or has seemed to fail.

In dealing with drugs whose value is largely for chronic diseases it is usual to find the mental symptoms and the general reactions to external conditions of great value as indications for their use as remedies. Hitherto stress has been laid chiefly on the local effect of Nitric acid, because its curious tendency to inflame and ulcerate points where skin and mucous membrane join so often gives the first hint for its consideration. But the mental and general symptoms of the drug are characteristic and important. Like Mercury, which it antidotes, it suits restless, peevish, changeable, impressionable individuals, easily excited to anger, quarrelsome and difficult to deal with: mental exertion is difficult; this "touchiness" of temperament corresponds to a great bodily sensitiveness to touch or contact or external stimuli. The sensitiveness is nearly as marked as with Hepar Sulph., another of the antidotes to mercurialism, and perhaps the most important of them.

As with all the great anti-syphilitic drugs there is a tendency for aggravation of symptoms (especially bone pain) at night. Sleep is broken or impossible after 2 a.m. Warmth and cold both worsen symptoms as with Mercury, but the predominant impression of most Nitric acid patients is that they are worse in winter than in summer. Certainly damp is trying to them and they take cold easily. Exercise worsens most symptoms.

The picture of the drug is now nearly completed, but a few remaining details are significant. The skin symptoms are mainly those of the ulceration and fissures at and near orifices so often already noted. Sweating is apt to be profuse and offensive: very characteristic is a profuse sweat suddenly breaking out on hands and feet.

Joint and bone symptoms appear in the pathogenesis. Pains are worse at night and worse from movement.

The value of the drug is most when dealing with old syphilitic or gonorrhœal affections.

The nervous system in prover presents symptoms of headache and vertigo, with great sensitiveness of the scalp, and cases are recorded of improvement under Nitric acid in serious nervous diseases (e.g. *petit mal*) : but generally speaking, though the drug will now and then be found of value for headaches and neuralgias, and even graver nervous symptoms, these will generally be found in practice to be the accompaniment of a chronic condition (probably syphilitic), with some characteristic skin ulcerations or liver or bowel or generative organ symptoms to give the clue to the remedy.

Besides the ulceration of the external ear, the middle ear is a site of Nitric acid action, and it has done good in oto-sclerosis where, as often, hearing is better when riding in a vehicle (cf. Graphites).

SYMPTOM INDEX.

General Symptoms.— < night ; < both warmth and cold ; < damp ; < Exercise ; < mental exertion ; < touch ; > rest ; tendency to take cold ; arterial hæmorrhages ulcerations and fissures and condylomata or papillomata, especially near body orifices ; late secondary or early tertiary syphilis ; over use of Mercury.

Mental Symptoms.—Peevish, irritable depression ; fits of temper ; quarrelsomeness ; nervousness and excitability.

Head Symptoms.—Vertigo < walking ; headache with great sensitiveness of scalp ; ulcerations bleeding readily.

Special Sense Symptoms.—Corneal ulcerations ; iritis ; cracks and ulcers external ear ; otitis media ; oto-sclerosis ; deafness > riding in a carriage ; ulceration of nostrils ; thin, foul smelling discharge ; ozæna.

Alimentary Canal Symptoms.—Fissures and condylomata at angles of mouth ; ulcers or papillomata mouth, pharynx or tongue : tongue white or yellow ; saliva increased or much diminished ; sore throat < swallowing ; pain as of a splinter sticking in ; anorexia ; desire for fat or indigestible things ; gastric fullness and burning pain ; nausea, waterbrash, vomiting, hæma-

temesis ; jaundice ; swelling and pain in liver region ; constipation from inertia ; loose stools, with mucus and blood, very offensive ; ulcerations and papillomata at anus ; great pain on passing stool and for a long time after ; hæmorrhoids free bleeding.

Genito-Urinary Symptoms.—Urine very foul smelling hæmaturia ; albuminuria ; ulcers or warts at urethral orifice on penis or prepuce, or near vulva, vagina or cervix ; leucorrhœa, - offensive ; profuse uterine hæmorrhages ; menses too early and excessive.

Respiratory Symptoms.—Hoarseness with coryza ; bronchitis ; violent barking cough with thin mucopurulent, offensive sputum ; hæmoptysis ; chronic phthisis ; dyspnœa ; pain in the chest with dry cough.

Limbs, and Bone and Nerve Symptoms.—Bone pains < night ; twitchings and jerkings of limbs ; shooting pains < touch, often suggesting a splinter sticking into the flesh.

Skin Symptoms.—Chronic ulcerations bleeding readily ; cracks and fissures ; old syphilitic ulcerations ; condylomata ; papillomata ; profuse sweat of hands and feet or in axillæ, generally offensive.

Sleep Symptoms.—Sleep unrefreshing and broken ; No sleep after 2 a.m. Complaints < night generally.

Aconitum with its familiar tendency to cause a "general conflagration." The skin is acutely inflamed, being red, hot, shining, and more or less swollen. In measles, scarlatina and even erysipelas this drug will not disappoint us.

The mucous membranes respond promptly to *Aconite*, and we find this whole system of coverings in trouble, beginning with the conjunctiva, extending down through the whole respiratory tract, branching off into the ears by way of the Eustachian tubes, dropping down into both the gullet and respiratory tract, causing pain, stitching, burning, or cutting in the parts involved. In the chest it causes cough ; and in the abdomen it produces dysenteric stools. Nor is the genito-urinary tract slighted, for here we find sufficient difficulty to give the patient much suffering at times.

Mentality : In this field the dangers are familiar ; the timidity, fear of imagined dangers of dark places, and the positive "fear of approaching death," are as well known as the great mental and physical restlessness.—*Dr. Price, N.A.J.H.*

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH DECEMBER, 1918, TO 15TH JANUARY, 1919.

GENERAL FUND.

SUBSCRIPTIONS.					£	s.	d.
Dr. W. A. Martisus	..	..	..	..	1	1	0
E. Barnett, Esq.	..	..	..	..	1	1	0
Dr. J. A. Parkes	..	..	..	..	1	5	0
Messrs. Foster & Son	..	..	..	..	1	1	0
Mrs. Everard	..	..	..	..		5	0
W. Hugh Knight, Esq.	..	..	..	..	1	1	0
Dr. W. F. H. Newbery	..	..	..	..		10	6
Capt. A. E. Cullen	..	..	..	..	1	1	0
Miss T. Gosse	..	..	..	..		10	6
Miss Dowsett	..	..	..	..		2	6
R. Clarke Edwards, Esq.	..	..	..	..	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House, on Thursday, 23rd January, at 5 p.m.

The usual monthly meeting of the Executive Committee was held at Chalmers House, on Wednesday, 15th January, at 4.30 p.m.

A meeting of the Beit Research Fund Committee was held at Chalmers House, on Wednesday, 15th January, at 5.30 p.m.

Antimonium crudum and tartaricum both show strong affinity for the skin and mucous membrane. The former tends more to horny excrescences, the latter to pustulation. Upon the intestinal tract crude antimony acts strongly, interfering with digestion because of the great quantity of mucus secreted, undigested food being found in the stools as a result; tartar emetic, on the contrary, has a most positive action upon the respiratory tract, with which all are familiar.

Mentality: Crude antimony causes a characteristically fretful state of mind; the patient does not wish to be annoyed in any way. Tartar emetic causes restlessness, anxiety, apprehension, and bad humour.—*Dr. Price, N.A.J.H.*

EXTRACTS.

DIAGNOSTIC VALUE OF THE LEUCOCYTIC BLOOD PICTURE IN ACUTE ABDOMINAL AND PELVIC INFLAMMATIONS.*

It has long been recognised that a leucocyte count is an important aid in the differential diagnosis of acute febrile abdominal conditions. A high total count is presumptive evidence of pyogenic infection, and differentiates appendicitis and salpingitis from typhoid fever and certain other abdominal conditions. Such a leucocytosis, however, is not in itself an indication for surgical operation, except for those who consider the mere diagnosis of appendicitis sufficient cause for such procedure. An increased percentage of neutrophiles that is out of proportion to the total increase of leucocytes, on the contrary, is a more ominous sign and is by many accepted as an indication for immediate operative interference. That such an interpretation is not always permissible, however, is shown by the following case.

Mrs. K, age 35, was suddenly taken with pain in the lower abdomen, and with nausea and slight vomiting. Her history revealed that she had no children, but had had five miscarriages at about the third month of pregnancy. She was married twice. Her second husband acknowledges having had gonorrhœa about thirty years ago, and rarely has a very slight urethral discharge. No evidence of syphilis was elicited. The patient had had two or three attacks similar to the present one, which lasted but a few days and were diagnosed peritonitis.

Physical examination revealed a moderately obese woman, with extreme tenderness in the suprapubic and both iliac regions of the abdomen. Vaginal examination could not be thorough because of extreme sensitiveness in the vaginal vault. There was no apparent vaginal discharge. Temperature was 102.4. Blood examination showed a leucocytosis of 20,000 per cmm. and a neutrophile percentage of 90. The diagnosis of salpingitis seemed warranted. On the third day

* From *The New England Medical Gazette*, with fullest acknowledgment.

the vaginal tenderness had subsided sufficiently to allow introduction of a speculum. There was a small amount of purulent discharge in the vaginal vault. Microscopic examination showed it to contain many colon bacilli and very few leucocytes. Tenderness was fairly marked in the right vaginal fornix, where a small swelling could be palpated. Under expectant treatment recovery was rapid. Wassermann tests done later on both the patient and her husband were negative.

Because of the history of similar previous attacks and of gonorrhœa in the husband, it was thought that the *B. coli* infection was secondary and that there existed a chronic gonorrhœal salpingitis.

Aside from the question whether removal of the Fallopian tubes should be attempted after subsidence of acute symptoms, it was necessary to decide at the beginning whether or not immediate operation should be undertaken because of the unfavourable blood picture. In view of the writer's previous experience with blood counts done very early in acute infections it was decided to delay operation. The outcome of the case showed the wisdom of this decision.

Regarding the prognostic value of the relation between the total leucocyte increase and the increase in neutrophile percentage it may be explained that the former is considered an expression of the patient's powers of resistance, and the latter of the infection's virulence. If the neutrophile percentage rises more than the total leucocyte count, then the virulence of the invading bacteria is probably greater than the patient's resistance, and the prognosis, therefore, becomes unfavourable. If the total number of leucocytes, however, is large and the neutrophile percentage remains relatively low, then the patient's resistance is greater than the virulence of the infection, and the prognosis is good.

In the article referred to above, however, it was shown that a simple, short-lived inflammation of the upper respiratory tract could cause a marked though transitory relative excess of neutrophiles, out of all proportion to the total leucocyte count, and also that such a blood picture might follow ether anæsthesia or intravenous salvarsan infusion.

It is necessary therefore, to revise our views concerning the prognostic value of such blood findings, and we must conclude that a relatively excessive neutrophile percentage, even as high as 90 per cent. within the first twenty-four hours after the onset of the disease, does not necessarily indicate high virulence of the infection, nor does it preclude a favourable prognosis. But it is probable that such an initial rise of the neutrophiles is but transitory in favourable cases, and that its persistence must be regarded as decidedly unfavourable.

BRONCHO-SPIROCHÆTOSIS.*

THANKS to the work of G. A. Lurie, Galli-Valerio, and H. Violle, the subject of broncho-spirochætosis has received considerable light. The condition until recently was only of interest to the tropical practitioner, but lately it has become a serious matter to medical men in Europe, cases of the malady having been reported from Serbia and the Balkanic zone, Switzerland, and France. The condition and its etiological agent were first described in Ceylon in 1905 by Castellani, who later named the causal agent *Spirochæta bronchialis*. His researches were confirmed by S. Branch in 1907 in the West Indies, by Jackson in the same year in the Philippine Islands, and by several other observers, whilst H. G. Waters in 1909 recorded numerous cases from India. The condition was later found in practically every part of the tropics, of special importance being the work of Chalmers and O'Farrell, who succeeded in reproducing the disease in monkeys, and the thorough investigation of Fantham on the morphology of the organism. *Spirochæta bronchialis*, according to the description given by all these authors, is so markedly polymorphic that the suggestion arises whether the term does not cover more than one species or variety of spirochæte. The classical investigation of Fantham seems to prove, however, that the various forms found belong, in reality, to only one species, differing from the spirochætes occurring commonly in the mouth.

* From *The Lancet* with acknowledgment.

Fantham discovered the coccoid stage of the parasite, which he believes to be of fundamental significance in the dissemination of the malady. Clinically, three types of the condition are to be distinguished—the acute, the subacute, and the chronic. The *acute type* develops abruptly; the patient complains of headache and rheumatoid pains all over the body; he feels chilly and coughs much, though there is but very scanty mucoid or muco-purulent expectoration. The fever generally lasts from three to six days. This influenza-like type of broncho-spirochætosis has given rise to a suggestion that true influenza may be a form of spirochætosis. The *subacute* and *chronic types* of broncho-spirochætosis are of practical relevance, as they may closely simulate pulmonary tuberculosis. In these types the patient often spits up blood, and this, together with wasting, an evening rise of temperature, and on examination, the presence of patches of dullness and crepitations, may suggest a diagnosis of phthisis. In a certain number of cases, however, the general condition remains good. The first patient seen by Castellani in Ceylon in 1905 was still alive in 1915, and Violle quotes a number of cases in which the general condition remained good throughout the course of the malady. The prognosis of broncho-spirochætosis is, therefore, in most cases, good as far as life is concerned, but relapses seem to be extremely common, and cases of a malignant type, terminating fatally, have been placed on record.

As regards treatment most authors rely on *Arsenic*, whilst others employ change of air, rest, and plenty of nourishing food. Galli-Valerio has used *Salvarsan* with apparently good results. The whole subject deserves further investigation, especially in regard to the geographical distribution of the condition in the temperate zone, and the mode of infection. The practitioner should also be on his guard, as it is quite possible that a certain number of cases which, in the past, have been regarded as pulmonary tuberculosis, even though tubercle bacilli were constantly absent in the sputum, may have been cases of broncho-spirochætosis.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—As a subscriber and reader of the "HOMŒOPATHIC WORLD" for sixteen years—I have already sent my subscription commencing the seventeenth year—I should like to support and welcome further reports of cases from Dr. Roberson Day, accompanied with a diagnosis of the cases and the indication of each medicine, as suggested by our New York friend, John Arschagouni, but should like to make a further demand of Dr. Roberson Day, that is, that in remedies used the potencies should be given, as this, in my opinion, may mean all the difference between success and failure. The rise of only a few centesimals makes a very big difference to the strength of the dilution. Take say a jump from the sixth centesimal to the thirtieth centesimal. This takes us at once from the reasonable to the unreasonable, from the finite to the infinite, from the material to the spiritual, and yet there are many men beside me who know that the high potencies have their effect. I think that the withholding of the potencies is a weak point in a lot of cases that we read, at least that is my view.

Yours respectfully,

41, Hunningly Lane,
Stairfoot, Barnsley.

J. W. WOOD.

THE HOMŒOPATHIC WORLD.

TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR MR. EDITOR.—The title placed at the head of this letter is not intended to refer to your valuable journal but to its readers and all other people who might be concerned with them in forming the homœopathic world in a personal sense. Not long ago a statement appeared in an American homœopathic periodical that editorially they were not in the habit of referring to unsigned articles in journals which exchanged with them, but that the unsigned articles on *Materia Medica* in the "HOMŒOPATHIC WORLD" were of such intrinsic worth that they felt obliged to refer to them. I am feeling the

same thing, not in reference to the articles on *Materia Medica*, although I endorse the view of your American contemporary most heartily, but in reference to the beautiful sonnet on Peace which appeared on the first page of your December number. I crave space to develop the theme of that sonnet philosophically for a little. I want to suggest that a fulfilment of the fair promise of permanent peace rests with the homœopathic world, using those words in the wider sense indicated in my opening sentence. The homœopathic world thus regarded consists of certain collective groups of persons exhibiting an attitude to the principle of Homœopathy, *similia similibus curentur* ! Of course the world is not really so divided, and an analysis or separation of different points of view always implies some overlapping, but this need not deter me from pursuing my theme, Doctors and patients, general practitioners, consultants and specialists, sick patients and recovered patients, believers and unbelievers in Homœopathy, are all different groups who might be included in the homœopathic world. My theme would be developed through the necessary regard of all these persons for the principle expressing on the one hand the attitude of the medical mind towards health, and also the regard of the general community of persons for health and the necessity for the prevention and cure of disease. The newspapers, medical and lay, and the political atmosphere generally, is at the present moment full of the project of a Ministry of Health. It is probable, however, that few persons have attempted to think out what such a project must eventually mean. What I wish in the shortest possible space to indicate, is that in the project of a Ministry of Health we have a safe and thoroughly philosophical ground for the germination and growth of other political ideals, both national and international. I cannot ask for space to show that until the political ideals of all nations have grown out of this source there will be no security against future breaches of the peace, and an avoidance of the destructions and devastations of war, but I fully believe this, and that it could and will be shown in the proper place and in future time. But let me indicate a few of the directions in which the

present project of a Ministry of Health has failed to comprehend the meaning of itself. It is a mere truism that the maintenance of health depends very largely on personal conduct and ideals to promote it, and that the acquisition of true ideals depends on education. The future Ministry of Health must accordingly throw a free and critical light on systems and methods of education. And on this thought immediately follows another, that health of body cannot be truly regarded apart from health of mind. *Mens sana in corpore sano* is the only complete maxim of health.

In the case of hospitals the future attitude of the State will surely be very different from what it has been in the past. The fact that our hospital system has grown out of private and public charity or love affords a free foundation for the establishment of a Ministry of Health rather than that this should arise from political necessity outside hospitals. Voluntary hospitals have frequently been abused in many ways, but they are the only perfectly free institutions within which medical knowledge can be spread, in connection with which it may be taught, and within which free charity can be dispensed without demoralisation to the recipients. The public life of our large hospitals should therefore be the mainspring and stay of a Ministry of Health. Granting at any rate that the Ministry of Health must hold an intimate relation to voluntary hospitals, and that these institutions must come under its supervision, we may ask what there is in the homœopathic principle which can give colour and zest and fulfilment to the aspiration of the poet towards the fair promise of permanent peace. First of all the principle of Homœopathy was derived through the genius of Hahnemann from experience. But, secondly, it is a definite principle of indefinitely wide application, and is thus contrasted with the purely empirical inferences of medicine which are not directed by the thought of any principle. The *à priori* indefiniteness of scope of the principle of Homœopathy affords liberality of thought to the medical man who apprehends its significance without allowing him to be too dogmatic as to the results of its application. In his private and public relations therefore the medical man

who is acquainted with Homœopathy is the best exponent of the maxim "in things certain, unity, in things doubtful, liberty, in all things, charity." From private practice there is little chance of making public the results of the application of the principle, but not so from hospital practice. The voluntary hospital stands as a demonstration of charity or love before the whole community, within it there is the possibility of the widest application of medical principle, yet the most critical control of observations and comparisons in that application. The practice of hospitals is visible to the whole community, medical and lay. Patients who are admitted and who issue from them belong to all classes, without respect of creed or conduct (saving criminal conduct), the single passport for admission or discharge being need from the point of view of health. The hospital sets a peculiar mark upon personality as such, which in the same degree is set by no other institution, least of all by the State, which hitherto has allowed the sacrifice of the individual in the interests of the group. The hospital demands a consideration of and devotion to the individual life without reservation and without qualification, except in regard to the latter that life is susceptible of being preserved. On the other hand a recovered patient presents an argument to the community outside an institution for the sick. The argument is that of a recreated unfolding, proceeding experience, from the moment the personality ceases to be a patient. When from the outside, personality is regarded in this light, a new inspiration is given to new political relationship. Political relations become a matter of adjustment of communal relations between persons with the end in view of human development, always positively, never negatively except for defence. Such a mode of regarding human life will issue of course as the result of intelligence and education. And this principle derived from the medical attitude towards personality and health, should become widespread, and adjustments based on it will eventually supersede war, which has been hitherto the result of ignorance and disregard of the worth of the individual in the supposed interests of the group. Such a point of view as here suggested affords

an anticipated joy of a renovated society composed of individuals wholly healthy in body and mind. But for the full development of such a point of view as an issue of the homœopathic world both facilities and propaganda are required, and it might be safely assumed that the latter would create the former. But evidently neither propaganda nor facilities can issue except through the devotion of those who know that it is through the reign of Love—the Divine Charity—rather than law that the fair promise of the poet can issue in fulfillment.

Yours most truly,

GILES F. GOLDSBROUGH

203-1, Cornwallis Street,
Calcutta.

November 24, 1913.

DEAR DR. BURFORD.—It is after a long time that I have had the opportunity of writing to you. Now that peace has been restored to the world by the grace of God, it behoves us to stir once again for the cause of International Homœopathy; and I take this opportunity of extending unto you and all the other colleagues who are workers in the same field the sincere felicitations of the humble followers of the immortal Hahnemann here in India. I would beg to suggest that we should have a meeting of the International Homœopathic Council in the near future.

We are just now having a very severe and wide spread epidemic of influenza passing over the whole country. But I am glad and proud to be able to state that here again Homœopathy is winning its laurels. I myself have had a severe attack while fighting in the very thick of it, both in the hospital and in my own private practice, but we have made many remarkable cures which I would report in the Journal later on.

Tendering our heartfelt good wishes,

I beg to remain, yours very sincerely,

J. N. MAJUMDAR.

P.S. I hope to visit England in the near future. Herewith a draft of £5 from India.*

* We owe this letter to the kindness of Dr. Burford.

VARIETIES.

MOTHERHOOD AND INDUSTRY.—The employment of married women on a vast scale in munition factories has recently created what is largely a new problem in industrial hygiene. The problem is not entirely new, for in the manufacturing centres of the North of England many women have been accustomed to factory work for the greater part of their lives, and in Dundee the Census returns for the year 1911 show that more than forty per cent. of the married women in the town between the ages of twenty and twenty-four were occupied before the war in remunerative occupation outside their homes. In Dundee, as we learn from the pages of the Carnegie Report on Scottish Mothers and Children, married women's labour has long been recognised as a contributory cause to an abnormally high infant death-rate and stillbirth-rate. The report of the medical officer of health, Dr. Charles Templeman, for the year 1905 showed that more than half the employed mothers in Dundee worked up to within two months of their confinement, and a special inquiry conducted for the Scottish Insurance Commissioners in 1904 by Miss Mary M. Paterson revealed the further fact that while many women were sent away from the mill some time before childbirth, because their work failed to reach the required standard, it was often only a change of laborious work elsewhere or at home.

But the larger problem is new, since it is only during the war that any considerable proportion of women have entered upon factory employment or that many places have been filled by married women; some of whom have offered themselves doubtless in view of the urgent national need, others on the more usual ground of supporting themselves and their children. In the second of two inquiries made by Dr. Janet M. Campbell into the health of women munition workers, a large proportion of married women were found among the 1183 women examined in eight typical factories, and many of them were employed on heavy work. Dr. Campbell in her report on this inquiry to the Health of Munition Workers Committee touches on some of the difficulties of these women in regard to the most important events of their lives. The married women with homes of their own, she tells us, generally leave the factory in the early months of pregnancy, but a number of others are obliged by financial pressure to work almost up to the time of confinement. In filling factories it is the usual practice to discharge a woman as soon as she is known to be pregnant, and the fear of dismissal may lead her to conceal her condition as long as she can, with results which may well be disastrous to both mother and child. The expectant mother, as might have been anticipated, does not fit smoothly into the rigid industrial routine originally planned for the male worker, and cannot take her place safely in the open labour market.

Expectant motherhood should, many people think, be excluded altogether from the stress of industrial life, and it is instructive,

therefore, to note the experience of those who can show good reason for holding the contrary view. We publish this week part of a report to the Oxford Welfare Conference by Dr. Mary A. S. Deacon, dealing with the effect of employment in a filling factory on 1,200 women workers over a period of nine months. Of the 575 married women among them more than one-sixth became pregnant during this time, and of these 101 pregnancies so far sixty-five went on to full term without mishap, two terminated prematurely on account of cancer, in the one case and syphilis in the other, while thirteen abortions occurred before the third month was completed. Mrs. Deacon discusses the employment of these expectant mothers both from the employers' point of view—the efficiency of their work—and from the workers' point of view—the question of maternal welfare. She assumes the necessity of such work under present war circumstances, and endeavours to bring about conditions satisfactory alike to employer and expectant mother. Fortunately, in a filling factory, work is graded, and in many cases she found it possible to obtain the temporary transference of pregnant workers from the heavier to lighter operations. In other kinds of factories where such grading is not possible the expectant mothers may be provided with a pre-maternity work-room under the supervision of the factory medical officers, a suggestion made by Dr. Rhoda Adamson from her experience as medical examiner of the National Ordnance Factories in Leeds. Further light on these points will be very welcome in view of the conclusion reached by Mrs. Boyd Dawson, in a recent report on industry and motherhood made over a wide field, that given good food and hygienic conditions there is little, if any, evidence of harm accruing to women from occupations involving severe muscular labour. "We can find no case," Mrs. Dawson writes, "on the grounds of quality of maternity, for the prohibition of any woman to undertake any kind of healthy employment of which she feels herself capable." Here is a fruitful object of study for the scientific factory surgeon.—*Lancet*.

THE RATAN TATA FOUNDATION FOR SOCIAL SCIENCE.—Sir Ratan Tata, whose death we recently recorded, was one of the comparatively rich men willing to endow research into poverty and destitution, without which radical (as against merely palliative) treatment of social disease is not possible. The Ratan Tata Foundation of the London School of Economics, under the guidance of two able sociologists, Professor L. T. Hobhouse and Professor E. J. Urwick, has conducted a series of investigations which have added greatly to our knowledge of social conditions and afford good examples of the newer methods in social study.

There are two chief differences between the economists of to-day and those of a past generation. In the first place, much less confidence is placed in long trains of deductive reasoning and there is a closer checking at every stage by observed facts. Thus, the older writers—Mill, for example—dogmatised that where

work was undertaken to supplement the employment on which a family was mainly dependant, a lower wage would be accepted than would be the case if the family had no other means of livelihood. The Ratan Tata Foundation, inquiring into the condition of the home workers in East, London, found that the reverse was true. Of the women in the tailoring trade who worked to supplement their husband's wages one-half were being paid good rates; whilst of the women who were entirely dependent on their earnings only a quarter were well paid. The explanation was that the latter dared not stop their work, whilst the former could do so "at a pinch," and therefore stood out for better money.

The second mark of the new school of economists is that they pay much more attention to the psychology of industrial conditions. Ruskin long ago warned his contemporaries that many of their deductions were valueless because they had posited a non-existent "economic man." Mr. R. H. Tawney, who has written for the Ratan Tata Foundation two monographs on the working of the Trades Boards Act, expresses the truth very neatly. "Economic processes are not reducible to sums in simple arithmetic. The reaction which follows an increase or reduction in wages is not merely quantitative but qualitative. . . . The consequences are comparable to the effect not of mechanical stresses, but of chemical reactions. There is more in the result than appears in the components, an unknown factor whose operation defies deductive reason." He illustrates this by a large body of testimony from employers that higher wages often mean better output and therefore lower cost of production. "To be well paid gives the workers dignity and self-respect. They *think* they are worth more, and therefore they are worth more."

Such investigations and publications as those of the Ratan Tata Foundation are introducing a new and sounder social science.—*Lancet*.

TROPICAL DISEASES IN THE BALKANIC WAR ZONE.—In his paper read before the Royal Microscopical Society on December 18th, Dr. Aldo Castellani, Lieutenant-Colonel, Italian A.M.C., described the tropical diseases commonly met with in the Balkanic zone during the war. Of these, he said, the most important and the commonest was malaria, which had often taken on a malignant character and had given endless trouble by simulating many other diseases. Only a routine blood examination can exclude errors in diagnosis. Next to malaria the dysenteries, amoebic and bacillary, were the commonest affections. Enteritis due to flagellates had occurred, and more rarely a form with a ciliate infection. Coccidiosis was also observed. Cholera and parcholera had been rare, although a choleraic type of bacterial dysentery had been observed, and a form of diarrhoea was seen in starving Serbian soldiers during the Albanian retreat which closely resembled the famine diarrhoea of India. Camp jaundice (*Icterus castrensis*) had been common. Dr. Castellani dis

tinguishes two varieties : (1) a very severe type (*gravis*), hæmorrhagic, with high fever lasting ten to twelve days, and occasionally relapsing—this is true Weil's disease, and fortunately rare ; (2) the common mild type (*levis*), often afebrile, but probable in many cases spirochætic in origin, like the severe form. Fevers of the enteric group, fairly frequent in the Balkans, had not during the last year assumed epidemic type. Paratyphoid A and B were in certain districts more frequently met with than true typhoid. Fevers resembling paratyphoid but due to intermediate germs had also been noted. Colonel Castellani and G. A. Lurie found in some cases the *Bacillus colombensis* as causal agent. Not infrequently mixed infections were found in all the three possible combinations—viz., T.A., T.B., and A.B. ; while two cases of triple infection, T.A.B., had been confirmed by hæmocultures. The method of combined vaccination devised by Dr. Castellani had given, he thought, good results, and the Serbian Army officially adopted a tetravaccine, T.A.B.+cholera. Malta fever, rare in Macedonia itself and the interior of the zone, was more frequently met with on the coast and in the adjacent islands. Kala-azar did not occur in Balkan adults, but many cases of the infantile type were seen in certain islands of the Adriatic and Ægean seas. Relapsing fever was common, and in its treatment the best results had been obtained by the combined use of *Salvarsan* and *Tartar emetic*. At the moment, he said, typhus exanthematicus was very rare, in striking contrast to the terrible epidemic which raged in 1914-15. Trench fever was occasionally met with in both the types described in France. Pappataci fever was extremely common in certain parts of the Balkans, especially in the late summer and early autumn. Broncho-mycosis and broncho-spirochætosis were far from rare. Pellagra was also quite common in several districts in Macedonia. Of the tropical diseases of rarer occurrence Dr. Castellani instanced black-water fever, filariasis, leprosy, sprue, intestinal myiasis, mycotic, spirochætic, and flagellate urethritis. Certain tropical skin diseases of frequent occurrence gave rise to much discomfort in summer, and were often wrongly diagnosed. Such were dermatitis interdigitalis epidermophytica, or "mango toe" ; tinea cruris, or "dhobie itch" ; prickly heat ; and various types of tropical pyosis, such as *Mansoni* and *discoïdes*. In 1915 Dr. Castellani saw among Macedonian peasants cases of *ulcus tropicum*, Oriental sore, *ulcus infantum*, blastomycosis, sporotrichosis, and *acladiosis*, and also numerous cases of *trichomycosis axillaris flava*, *nigra*, *et rubra*, of *intertrigo saccharomycetica*, and various other hyphomycetic affections. He had also reported two cases of *Madura foot*, two or *keratoma plantare sulcatum*, and one (typical) of *ainhum*. Dr. Castellani concluded with a strong plea for the routine microscopical examinations in all patients. The wealth of diagnostic problems among the conditions which he had described makes such a plea eminently reasonable.—*Lancet*.

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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Forster (Emily L. B.). *How to Become a Woman Doctor.* With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.

Hart (Bernard). *The Modern Treatment of Mental and Nervous Disorders.* A Lecture delivered at the University of Manchester on March 25th, 1918. Cr. 8vo, p. 28, boards, net 1s.; 1s. 6d.

King (F. Truby). *Natural Feeding of Infants.* With an introduction by J. S. Fairbairn. Cr. 8vo, swd., pp. 33, net 1s.

Lukis (the late Surgeon-General Sir Pardey and **Blackhaur** (Col. R. J.). *Tropical Hygiene.* 2nd impression of 3rd ed., revised and enlarged. Cr. 8vo, net 6s.

Rose and Carless's *Manual of Surgery for Students and Practitioners.* 9th ed. 8vo, pp. 1,408, net 25s.

Shera (A. Geoffrey). *Vaccines and Sera Their Clinical Value in Military and Civilian Practice.* With an introduction by Sir Clifford Allbutt. 18mo, pp. 247 net 7s. 6d.

Stewart (G. N.). *A Manual of Physiology* 8th ed., 8vo, pp. 1,269, net 21s.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the MANAGER "of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr. Wood, Barnsley—Dr. Compston, Crawshawbooth.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathiy.

The Homœopathic World.

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Hypericum for Boils. By Captain Gordon, R.A.M.C.

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THE HOMŒOPATHIC WORLD.

MARCH 1, 1919.

THE NEEDS OF LANCASHIRE.

No county in the United Kingdom has a prouder homœopathic record than Lancashire. The two chief contributions of our land to the *Materia Medica* are *Kali Bichromicum* and *Crotalus*, and both we owe to men of Lancashire. The Liverpool Hospital and the Liverpool branch of the British Homœopathic Society have made and continue to make, homœopathic history, and the first new hospital built under the stimulus of the British Homœopathic Association was at Southport. This hospital (as well as the Liverpool one) has a most admirable war record, and has extended its accommodation and increased its local reputation. Now this record of success has been achieved through the labour, skill and devotion of a succession of men whose names will always be among our honoured ones. But in order that the fruits of their work be not lost, and new seeds of success blossom and come to fruition, it is needful that there should be no lack of men to continue the tradition and the method. At present from Liverpool and Southport both goes up the cry, "Send us men!" Liverpool wants at least one surgeon and one physician, Southport at least one man more. There is probably room for more but the need for these three is urgent. If they cannot be found, there is grave

risk that the homœopathic cause will suffer, and great as are the demands from all quarters it is imperative that Lancashire shall not be left in the lurch. Nor will any man be more likely to find a more promising opening. In each place an excellent hospital with all the advantages of a staff appointment thereto, and admirable colleagues only too eager to make smooth the way for a new comer. Soon we hope, with the end of war, some of our younger men will be returning to civilian work. Cannot the claims of Liverpool and Southport be pressed upon their attention?

QUININE AND MALARIA.

WE venture to call the special attention of our readers to the extract from the *Lancet* on this subject, printed in this issue. It shows very well how the pressure of continued investigation tends to render unsatisfactory the simple explanation of the action of *Quinine* as a parasiticide in malaria. More and more physicians are compelled to realise, first that the cure of malaria is far from easy, second that *Quinine* is not an invariable short cut to it, and finally, that the explanation of its undoubted power must be sought in some indirect metabolic action rather than in a direct parasitidal one.

These results of observation are of particular importance to the homœopathist, who has never felt confident that drug action is at any time a simple matter, and has (with few exceptions) thought rather in terms of body-reaction to drugs than in terms of direct action of drugs on parasites. The smallness of our numbers always makes it difficult to put forward

our views, especially when for a time there is a confident pronouncement from the majority; indeed, we often find faith a little shaken in our own ranks when the great majority are more dogmatic and emphatic than usual.

It is therefore well to remind ourselves that further investigation does not always confirm the dogmatic, and that as the knowledge of life slowly increases it does not appear to render our generalisations more but rather less unreasonable than they appeared a hundred years ago.

The medical world will not accept our belief that drugs benefit malaria (as every other disease) in proportion to their similarity to given cases of it, but at least this belief is more consonant with the explanation of the action of *Quinine* as "metabolic" than it is with the belief that it is parasiticial and it is cheering that at present the mind of the profession seems to incline that way.

Actæa racemosa has particular proclivity for the nervous system and fibrous tissue, but the mucous membrane and the skin do not escape. Large doses will cause nausea and vomiting. There may be periodical colicky pains in the epigastrium, better from bending double, like those caused by *Colocynth*. Tickling in the throat, with violent cough, is an indication for the drug, and in the intestinal tract a condition alternately of constipation and diarrhœa may exist. Very little is said of the skin symptoms of this drug, but the pathogenesis shows a dermal eruption on the hands and wrists which resembles mosquito bites.

Mentality: Depression; the patient is not disposed to fix attention on any subject.—*Dr. Price, N. J. H.*

NEWS AND NOTES.

TRENCH FEVER AND INFLUENZA.

ELSEWHERE we reprint from the *Lancet* a most important article which seems to offer good evidence that the organisms of Trench fever and Influenza have been identified as filter-passing germs. Naturally, it is early to regard the question as finally settled, as there is another claimant to the throne of Influenza, but the interest and significance of these observations hardly needs our comments.

THE RÔLE OF THE CATALYST.*

THE catalyst is assuming an importance no less in medicine than in industries. Chemists long ago found out the peculiar action of a third party in promoting chemical interaction. The classic example is that of the preparation of oxygen gas from chlorate of potassium. The fused mass of the salt, with heat still applied to it, yields its oxygen reluctantly, but at that point it is dangerous to introduce a trace of manganese dioxide, since at once the evolution of oxygen becomes explosive though the manganese remains unchanged. An earlier example of catalysis was the Döbereiner lamp, in which spongy platinum was the catalyst affecting the union of a mixture of hydrogen and oxygen at such a speed that ignition was the result. The most remarkable catalyst of all is water, without which, it has been shown, combustion or oxidation is impossible. Similarly the louse is a catalyst in respect of man and trench fever. Catalysts, briefly, are promoters of chemical action for reasons not yet fully explained. They may function equally in the relatively cold or under conditions of high temperature. The remarkable behaviour of catalysts in the human body at its normal temperature illustrates the importance of their action in promoting healthy nutrition, which after all,

* We wish that we could inspire some of our body to take up the question of the relation of potentised (or any) drugs to catalysts. We feel it is one of the most fruitful lines of research possible.

means the complete chemical assimilation of food substances.

We have much yet to learn as to the nature of the action of the accessory factors in food—for convenience called *vitamines*—which serve as antineuritic and antiscorbutic agents. It is conceivable that in the chemical sense they act as catalysts—that is, as a third party, rendering the potentialities of food available for the maintenance and growth of the organism. It is known, at all events, that they occur in quite minute proportions, in spite of which they prove to be essential to growth. When we consider the very remarkable results produced in great industrial processes by the agency of the merest trace of a third party, the catalyst, our views are strengthened as to the importance of a certain fact or present in however minute quantity. There is good reason for suggesting that the *vitamines* are catalysts just as are the enzymes, whose action in many respects resembles that of inorganic catalysts, particularly in the colloidal state. Dr. G. G. Henderson, in a recent valuable treatise on *Catalysis in Industrial Chemistry*, says that the term “catalysis” is now generally used to designate those chemical changes of which the progress is modified by the presence of a foreign substance, and he further points out that it has for long been known that the velocity of many chemical reactions which take place very slowly if the reacting substances alone are present in the system is greatly increased by the addition of certain substances, which have the same composition after the change has been completed as at the beginning, and which therefore appear to influence the course of the reaction without taking any definite stoicheiometric part. This definition would appear to include all accessory food factors as catalysts, having no direct nutritive value themselves, but serving as promoters of a nutrient consummation.

The application of catalysts in industrial operations is growing very rapidly in importance, and the behaviour in many respects of the catalysts employed shows a curious parallel to well-known physiological phenomena. Traces of arsenic, mercury, sulphur,

hydrocyanic acid, "poison" in so many cases the catalysts' activities, and there are also negative catalysts which inhibit the action of positive catalysts not by "poisoning" them but by neutralising their potentialities as acid does an alkali. Sir Edward Thorpe, writing in his introduction to the excellent "Monographs on Industrial Chemistry," now being issued, says an obscure phenomenon like catalysis is found to be capable of widespread application in manufacturing operations of the most diverse character. The phenomenon may be obscure, but its applications are suggesting great possibilities in art and industries which are bound to have an important bearing on the commercial prosperity of this country. The catalyst, in short, promises to open a way to important economic productions, as witness the hardening of liquid fats for food purposes, the production of fertilisers from the air, and the output of many valuable commercial products. The advances made and the vista opened up by the study of catalytic action, though confined largely to industrial processes, should persuade biologists, as well as biological chemists—to see no dividing line between these two schools of workers—to accept a cue which, followed, may lead to results in the study of life processes of immeasurable importance. The part played by conceivably a catalyst in human nutrition may, when thoroughly investigated, enable us to adopt a regimen which shall secure for certain patients a dietary in which the supply of accessory factors is well represented. It is a matter of history that industrial developments have been shown to give a helping hand to medicine—the coal-gas industry with its output of antiseptics, synthetics, and colours, the brewing and wine industries which formed the basis of Pasteur's successful researches are cases in point. The prominent place which the catalyst is rapidly taking in industrial advances will shed a light on the chemistry of the human mechanism, its liabilities, and the factors which count in its healthy maintenance.

ORIGINAL COMMUNICATIONS.

SOME REMARKS ON THE COMING RECONSTRUCTION FROM A HOMŒOPATHIC ANGLE OF VISION.*

By DR. GEORGE BURFORD.

PART II.

VIII OUR HOMŒOPATHIC HOSPITALS: THEIR INCORPORATION IN A STATE SERVICE.

The British homœopathic hospitals, like their industrial congeners of *ante-bellum* time, are institutions in being, liable and likely to be incorporated into the great hospital organisation of the Ministry of Health. But on what lines is incorporation to be effected? Can homœopathic institutions retain their working homœopathic values while integral parts of a unified State service? On this matter the object lessons of the war are numerous and various. The Neuilly hospital was conducted by homœopathic physicians and surgeons in such manner as to win the encomium of the President of the French Red Cross Society. With the administration, indeed, its relation throughout was not merely correct but cordial. In England, the metropolitan and the provincial homœopathic hospitals were one and all utilised by the authorities for the treatment of the sick and wounded in war. *Facile princeps*, the London Homœopathic Hospital had nearly half its normal number of beds devoted to men invalided from the Senior Service; this reception has continued up to date, to the entire satisfaction of the Admiralty and, no less important, of the men themselves. The Hahnemann Hospital in Liverpool provided hospital accommodation for war casualties to the extent of one-half of its total powers of intake; this utilisation continues up to the present, and has worked easily and well. Special acclaim must be given

* The earlier of these considerations were published in the February number of the "HOMŒOPATHIC WORLD."

to the Southport Homœopathic Hospital, which has received since the beginning of the war a continuous stream of military patients; has increased its number of beds under stress of service, and greatly amplified its equipment; and, more important than all, has not lost a case. The Buchanan Hospital at St. Leonards, the Phillips Hospital at Bromley, the Homœopathic Hospital at Plymouth, are to the front as institutions whose medical staffs are members of the British Homœopathic Society; as hospitals which have received, like their fellows, the casualties of warfare; as receiving centres where the devolution of patients, their successful treatment and their return to depot, have been carried out with the easiest working of the administrative machine. Our hospitals, in fact, as part of a State service, have been tried and have not been found wanting.

Nor is it beyond the work of man: nay, it is a problem of easy administrative solution, to provide for the devolution of patients to homœopathic hospitals on such or similar lines to those adopted by the Commissioners of the National Health Insurance.

If it were necessary to pass the bounds of British example and instance, those of the United States might interest us. Base Hospital No. 39 of the American Army Medical Service, was in the first instance founded and equipped, and later staffed, by the Massachusetts Homœopathic Society. This hospital, with some 200 official units, was formally taken over by the military authorities, has been in service at the front, has done extremely well, and was the precursor of three other similar base hospitals, also under homœopathic auspices.

IX. OUR HOMŒOPATHIC HOSPITALS:

THEIR EXCLUSION FROM A STATE SERVICE.

Breadth of view and boldness of organisation must characterise the objects and methods of any Ministry of Health mindful of its *raison d'être*. Its hospital moiety is to be planned "so as to ensure that the best advice and treatment be placed within reach of every

man, woman and child in the community." Any intelligent anticipation of events in such a reconstruction, includes the hospitalisation of this country on a scale relative to which our existing hospital service is but as moonlight unto sunlight. One prevision in a professional journal widely circulated in this country, is marked by neither boldness nor breadth :

" If, however the State, by means of a medical service, and all the necessary buildings, provides thoroughly efficient medical treatment for all classes of the community, the reason for the existence of any hospitals that should have successfully resisted efforts to annex them to the State Service would be gone, the life-giving inflow of charitable subscriptions would cease, and the institutions would fall into bankrupt decay."

" It will be doubtfully wise for the men concerned in the management of a great hospital to set themselves to oppose its becoming the property of the State if the State is determined on organising its own medical service."

These be the methods beloved of bureaucrats, and foreshadow the policy of the " big revolver " with a vengeance. Let us have comprehension in a State medical service by all means : but not a pseudo-comprehension which requires a drill sergeant uniformity of practice, with the veiled threat of expropriation or extinction unless the medical practice comes under the operation of a kind of Act of Uniformity. For the author of the prevision goes on to say :

" There would remain only a few special institutions devoted to treatment limited by fads and dogmas," —but what, good Sir, is the criterion of " fad " or " dogma," and who are the judges ? Were not the use of antiseptics in surgery and the practice of immunisation in medicine, scoffed at as " fad " and " dogma " by professional reactionaries even in this the twentieth century ? The criterion which appeals to all is statistical result : any procedure that will pass this test is valid ; and Homœopathy invites the enquiry.

X. "DE MINIMIS NON CURAT LEX."

Inclusion of homœopathic hospitals and dispensaries in a State medical service, certainly ; and the sooner the better. But the inclusion must be vital, not lethal : an incorporation that will allow growth and expansion ; an integration that will give Homœopathy free space to do its best in the national service. The State has no right to take sides in broad questions of medical practice, apart from the practical test of results ; and of that ordeal we have no fear.

In the nature of things pressure would be put upon homœopathic institutions in being for comprehension in the national service, without definite recognition of their distinctive homœopathic work. Such distinctive recognition would be an exception to the common order of incorporation, and bureaucracy does not love exceptions.

The breadth of a national scheme of incorporation should correspond to the national breadth of requirement. Patients attending homœopathic hospitals and dispensaries represent a *clientèle* of considerably larger dimensions from which they are drawn. No service is a national service which fails to make provision for a section of the population sufficiently large to be represented by public institutions all over the country. Such a plan of comprehension is in no wise impracticable ; working solutions of like problems are found in national education, and elsewhere ; they are part of the duties of government in a free State.

Let it be recalled that the comprehension of homœopathy in a national service, to be real and serviceable, must give free play to growth and expansion, corresponding to results. The object of inclusion is wider service : and a wider service will require increased institutional provision. This forethought is natural to wise statesmanship, but wise statesmanship would require ample and cogent proof of the values of the case for Homœopathy. A federated whole of the homœopathic institutions in this country can take a higher position than any, even the most important unit. For example, only a federated body, representing the totality of British Homœopathy, would stipu-

late for freedom in the extension and development of Homœopathic institutions in the National service. Collective bargaining is always vastly better than negotiation by unit. Short of such a representative body, the maintenance and the existence of homœopathic hospitals and dispensaries within the National service might have to be fought for in each instance by each institution. Unity gives weight and strength which the units do not carry.

XI. OUR DESIDERATUM.

Because medicine is a liberal profession, all the verified gains and experiences of each part are freely and without covenant the property of all. We desire no isolated position, conscious that all streams of tendency in medicine gain and not lose, by free intercourse in the direction of one object and one only; how best to develop the healing art for the benefit of mankind. And when the State undertakes to consolidate and organise the medical knowledge and practical experience of the time, for the whole commonwealth, it is our duty and our right to take that public position which we have all along maintained is our due.

Inclusion in the National establishment, and not isolation and detachment: the freedom of the whole medical service, and not the hugged chains of deliberate insularity: the open recognition of our institutions for what they have proved themselves to be—useful factors in the maintenance of the health of this people; judgment by results, and not by hearsay: these are the several points of our charter. Summed in a sentence, our desideratum is compact of Liberty in development, Equality in opportunity, Fraternity in work for the common good.

XII. FEDERATION AD HOC.

For the organisation of Homœopathy so as to adequately present its claims for comprehension in advance, federation *ad hoc* is requisite and necessary.

Every form and activity of Homœopathy is fundamentally affected by the wholesale change in State medicine which our legislature has in view. To the homœopathic medical profession, one and all, the difference is as between light and darkness whether they live and move as accredited members of State medicine, or are content to exist as sons banished by no fault of their own from their rightful inheritance. To the homœopathic public it is of immediate and vital importance whether State provision will allow ease of access to homœopathic treatment, or, will medically disfranchise that part of the community with whose physical welfare the practice of Homœopathy is closely knit. Governors of homœopathic hospitals and dispensaries will watch carefully whether their institutions are likely to be included in a comprehensive national organisation, or whether their *clientèle* has to be drawn in future from those who definitely elect to remain outside the complete and excellent provision already made for them by the State. The donors and subscribers to these institutions may also ponder whether additional provision, materialising as a super-tax, is to be made by them on an adequate scale for a proletariat with the elaborated protection of whose health the State has already concerned itself. Homœopathic chemists may well descry in a State establishment for the maintenance and protection of the health of the people, collectively and individually—unless Homœopathy be included in its service—an inevitable tendency to squeeze out by sheer mass, the free choice of homœopathic products at present within the compass of all. Further, that part of the nation which deliberately selects homœopathic hospitals and dispensaries as their chosen portals to health, has convictions born of experience which Acts of Parliament may not easily set aside. Finally, that legion of citizens which constitutes the private *clientèle* of our physicians, and whose preference for Homœopathy is founded in part on intellectual conviction and in part on the findings of experience: the homœopathic intelligentsia, although “provided” like all other nationals, may yet prefer to exercise the right of private

judgment in medicine. Parallels are not unknown in other departments of national life ; but here is one in which comprehension and not exclusion of active, successful Institutions is necessary, unless the administrative music is to be de-harmonised by a rift in the lute of National Service.

A Council of representative men from each of these companies should be called while the new Health Ministry and Administration are in the making, and take steps that homœopathic institutions and homœopathy are directly represented on the official Consultative Councils. The initiative may fitly be taken by the British Homœopathic Association, whose impetus thus given could not but functionate as beneficial and timely dynamic to the whole homœopathic body in Great Britain.

For it is the considered support of the whole community favourable to Homœopathy, on which we must finally rely. Such support is assured by the facts and figures of our case : and sound judgment is assured only by full knowledge.

XIII. THE NECESSITY FOR AN INFORMED PUBLIC OPINION ON HOMŒOPATHY.

This necessity has clogged the springs of action of Homœopathy ever since its introduction in this country ; and though Homœopathy has lived down much, it were suicidal not to put its plain case in a plain way when information is vital.

A man of affairs whose name is known the world over, said to a physician on the staff of a Homœopathic Hospital, " You have no right to run a separate hospital unless you can prove that your hospital results justify this exceptional course." It is to be presumed that the response was convincing : for the captain of industry in due course joined the Board of Management.

Now just such effective response should be to the hand of every enquirer about Homœopathy : and the verifiable material is found in the records of each Homœopathic hospital. Expressed in facts and figures

the justification for homœopathic practice exists beyond cavil; and the publication of these is the first step to constitute an informed public opinion. Next, the copious provision—and active circulation—of standard elementary books descriptive of what Homœopathy is. Of these there are various excellent types—notably those from the pens of the Editors of the "HOMŒOPATHIC WORLD," specially and well devised for conveying accurate information of the nature and detail of Homœopathy. No less important are Lecture-Courses, calculated to inform an auditory on the same topic—the principles and practice of Homœopathy. The series given by Dr. C. E. Wheeler in the years before the war—and whose continuity was broken by that catastrophe—are fresh in the memory of those who listened to such a skilled and informing exposition; and this method is often more illuminating than literature.

These are the chief wheels in the machine—and there are many subsidiary—for assuring an informed public opinion on the subject of Homœopathy. But not only is machinery necessary; so also is dynamic; and the call is insistent and urgent for the whole homœopathic officiate in Great Britain to increase the dynamic of its informative machinery, so that it may have an instructed public opinion to concur in its installation as part of the National Health Service.

XIV. "DISEASE IS THE ENEMY."

In time of peace no less than in waging of war; for all states and at all times; this is the writing on the wall—"la maladie, c'est l'ennemi." In the year preceding the War, 50,000 persons died in this country of Tuberculosis: *Tuberculosis is a preventible disease.* As regards the ancient history of invalidism, careful examinations of human osteology, of the pre-historic period, in Upper Egypt have brought to light evidence of rheumatoid arthritis and a condition of jaws probably due to pyorrhœa. In this present year of grace, of every hundred children born in Great Britain, with reasonable prospects of life, twenty per cent. die within the first five years of life. This massacre of the innocents

simply exposes the administrative inadequacy of the present Public Health Authorities.

The voluntary system of hospital provision has done nobly, but it is not nearly elaborate enough or organised enough to deal with the exigencies of epidemics, or the daily calls of ordinary life. Witness its breakdown in point of available beds during the present influenzal plague: and the huge "waiting list" which every Hospital has to compile even in non-stressful times. No provision short of the establishment by the State of available measures for the treatment of illness, and measures tending to the preservation of health, of every individual in the community, can be accepted as satisfactory provision.

The great sphere of protection against disease and whose resources and detail require enormous amplification, is also one in which Homœopathy is intimately concerned: for the effective methods of protection by immunisation, which have done so well alike for civilian and soldier, are but sublimated Homœopathy.

And the labour for the increase of knowledge, commonly termed Research, is, as regards the action of remedies in disease, of supreme interest to homœopaths. We hold that in our hands we have the clue, not only to the scientific employment of drugs, but also to the scientific method of determining the value of drugs. And in these departments of research, homœopathic investigations already numerous and verified, must have their accredited place.

A National Health Department of the State Service can alone co-ordinate and unify the thousand currents of activity which civilisation requires for its physical salvation. Nay, more; often it alone can initiate concerted action—such as in the prevention of venereal disease—without which efforts at co-ordination and unification have no coherence. The administrative detail is necessarily enormous, but the gain to each and all is enormous too: and no modern State can have its foundation other than on quicksands which does not recognise that its first secular duty is the maintenance of the health of the people.

IODIUM.

TINCTURE AND POTENCIES OF TINCTURE.

IODINE is normally present in the thyroid gland : substances rich in Iodine (*e.g.*, beet-root) or Iodine given medicinally increase the Iodine content of the gland as do also Iodoform and Iodides. From the colloid contents of the gland follicles has been extracted thyro-globulin, which contains Iodine and is active medicinally as thyroid gland preparations are, and is probably the main, if not the only source of their power. In examining the results of Iodine on the living organism, therefore, it must be remembered that the symptoms produced are probably due, in great measure, to the effect of the drug on the thyroid secretion and the consequent influence on the body of the secretion thus increased or possibly modified. Since, however, the provings make up a coherent symptom-picture, they can be used as a basis for the selection of the drug, for, provided good results follow its use, the question whether the results are due to a direct or an indirect action is interesting, but not the essential matter, at any rate, for the patient. There are many drugs besides Iodine whose action, both in large and in minute doses, is as much indirect as direct, and experience shows that the provings are sufficiently good guides to the choice of them.

The symptoms of excess in thyroid medication* are largely subjective : headache, debility, indefinite and shifting pains, fullness and congestion of regions and other vasomotor phenomena. Sweating is common, also palpitation and tachycardia and tremor of extremities. Almost always there is a rapid loss of weight, so that thyroid medication has become a remedy for obesity. But it is not altogether free from danger in this condition nor very satisfactory in its final results.

The loss of weight seems to be due to a general speeding up of the destructive side of metabolism. The glycogenic function of the liver is disturbed, (glycosuria may occur), and nitrogen and phosphates

* Thyroid in itself is sometimes used in potencies and selected homœopathically on a symptom-basis made from these results of over-dosing.

are increased in the urine, evidence of increased protein waste. Fats also are more rapidly oxidised, and the body loses fluids by a markedly increased diuresis. Albuminuria has been observed. It has been found that thyroid extract alters the susceptibility of mice to certain poisons: thus Morphine becomes more toxic and Aceto-Nitrilless after administration of even small quantities of the extract. This is a striking example of an unexpected reaction of an organism to a drug; it must point to a profound influence on some part, at least, of the machinery of metabolism.

The value of thyroid preparations in myxœdema and sporadic cretinism is too well known to need recalling here. It is enough to say that while a "replacement-therapy" of that kind is in no sense homœopathic, it is of course employed by the followers of Hahnemann in case of need, as is every other procedure that can benefit a patient. However, in the earlier stages of deficient internal secretion of any kind, symptoms are sure to be present if looked for, which suggest to the homœopathist, now one and now another drug. If the indicated remedy is given it is conceivable that the failing gland might be saved from extinction and the need of replacement-therapy to that extent avoided. It should be observed that very often an enlarged thyroid is a defective thyroid, and the enlargement an attempt to compensate for a poor quality or quantity of thyroid secretion. Cases of this kind may well be aided by thyroid preparations (or Iodine) and the hyperplasia thus reduced, but this again may be claimed to be replacement-therapy, not homœopathy. Occasionally, however (and not infrequently), potencies of Iodine will benefit such cases. These results cannot be due to replacement; they probably are to be explained by realising that since the thyroid secretion requires Iodine there must be a special "affinity" between thyroid tissue and the element, and Iodine will be therefore a natural stimulant to the tissue. The potency does not supply Iodine but, stimulating the tissue, enables it to make better use of the food-Iodine which previously was

largely wasted. The case is similar to that of the cure of anæmia by Iron, and it by no means follows that a cure of goitre by appreciable doses of Iodine is altogether a replacement-therapy; it may be partly a stimulation-therapy with a certain homœopathicity. In any case of goitre the homœopathist should as usual, consider the total symptom complex. If, as it sometimes will, it indicates Iodine, potencies of the drug may be tried with confidence.

In considering Iodine from the study of the provings, no attempt will be made to distinguish direct effect from the indirect, those that arise from stimulation of thyroid activity. However caused, the symptoms belong to the pathogenesis of Iodine and experience shows that they are useful indications for the use of it as a remedy.

Prominent among the symptoms that suggest Iodine to the homœopathist are two arising from its profound effect on metabolism. They are wasting of tissue, emaciation, combined with a ravenous appetite. One or the other alone will bring the drug to mind, but the combination is almost decisive for the choice of it. Occasionally the appetite is entirely lost, and this also may be an indication for Iodine, though it is a less common one than hunger. But it must be noted that an ordinary anorexia is not significant in this connection; if Iodine is required there will either be complete loss of appetite or great desire for food, a ravenous hunger.

Emaciation with hunger or entire loss of appetite occasionally follows nervous shocks, emotional experiences or psychical strains, and this remedy will be found of great value in such states. Like most varieties of neurasthenia, these conditions are associated generally with a lowered arterial tension and this physical sign is another general indication for Iodine. This is the more noteworthy as the drug is also valuable in arterio-sclerosis (particularly in the form of Iodide of Lime, Barium or Potash) where tension is high. But analysis of the cases will reveal that those that oftenest need Iodine are those where the actual thickening and degeneration of the arterial coats is the chief factor in

the raised blood pressure. The accompaniment of a relatively low blood pressure is generally a tendency to erethism, flushing, easy sweating, and so forth, and this tendency is found in the subjects for Iodine.

Iodine is generally believed by good clinical observers to suit more particularly patients with dark hair and swarthy complexion. In this respect it is the exact opposite of Bromine and also of Spongia.

Mentally, the patients who suggest this drug are nervous and restless, constantly desiring to move about from place to place. They are anxious particularly about their diseases, ready to fear the worst and yet with such a dread of having their fears confirmed, that they will defer seeking medical advice as long as possible. They are subject, however, to sudden impulses. Physically they are sensitive, and many symptoms are made worse by touch and pressure.

The profound effects of Iodine on the nutrition of tissues extend to the central nervous system and chronic headaches (especially with vertigo) will yield to it if the characteristic wasting and hunger are present. It has little effect on peripheral nerves.

The circulatory system is much influenced by Iodine. The use of it in arterio-sclerosis has been noted, and it need hardly be said that in tertiary syphilis it is the Iodine element in Iodide of Potash that is chiefly effective; so that Iodine alone has special claims if late syphilis is known or suspected. It acts also on the heart, apparently mainly through its influence on the muscular structure and its nutrition. It has been observed in animal experiments, the heart that muscle has been found to be degenerated and the great value of Iodine is in chronic heart disease when the problem is to maintain good compensation for a valvular defect. For this purpose the remedy is invaluable. It is best given in the form of one or other of the Iodides and in the lower potencies over long periods, for its action is best conceived as a regular gentle stimulant to the muscular tissue, improving its nutrition and "tone." Many Iodides compete for choice, particularly those of Arsenic, Gold Barium

Iron, Lime and Potash, and the choice should be made by considering which metal is best suggested by the patient's general characteristics and mental and temperamental symptoms. But where there is no very clear indication for one more than for another, there is value in using one for a period of three or four weeks, and then changing to another. Acuter symptoms will call for particular remedies; the Iodides are to be used for the relatively normal times. Particularly when the hearts are damaged in early life is the value of Iodide treatment apparent, and by perseverance in it, compensation appears to be achieved and well maintained.

The use of the drug in simple goitre has been discussed above and the effectiveness of potencies in some cases mentioned. Spongia rivals it here. In exophthalmic goitre, both Iodine and Spongia (q.v.) are occasionally well indicated, (palpitation is a marked symptom in the pathogenesis), and will act well, but more usually when the total symptomatology is regarded it points to a remedy of profounder action, Natr. Mur., Sepia, Lachesis, etc.

Whether through its effect on general nutrition or by some direct heightening of resistance, Iodine is one of the most commonly needed remedies for tuberculosis. Not often perhaps when bones are affected, not infrequently for joints, more frequently for abdominal and glandular disease, and the rarer deposits of tubercle in generative organs and very frequently indeed for pulmonary phthisis. To the great indication of emaciation, with or without hunger, can be added sweating, weakness and nervous depression, anxiety and restlessness. Locally, chest symptoms include dyspnoea, free expectoration, often blood-streaked, pain in the chest with sensitiveness to touch and pressure. There is great need of air and all symptoms are better out of doors or in a free current of air, and worse for warmth, especially of close rooms. Both asthma and œdema of the lungs can be helped by Iodine; it is probably the best remedy if the last named disorder comes suddenly. Given these symptoms, Iodine is of great service in all stages of

pulmonary tuberculosis, but particularly in the early and acute forms. It will often clear up pneumonias and pleurisies that are tending to resolve badly and incompletely. In syphilis of the lung it is invaluable. Iodoform has not been very extensively proved, but sometimes phthisis will do well on it, and it should not be forgotten in tubercular meningitis, for even in that desperate disease it has seemed to be of service. In the upper air passages Iodide has a great value for streaming head "colds," affecting nose and eyes, when there is marked relief out of doors (cf. *Allium Cepa*). It also has a value in laryngitis.

In disorders of the alimentary canal Iodine may be of service, but rather in the more chronic diseases associated with tubercle or late syphilis than with recent and acute affections. It appears to affect the pancreas notably: white, fatty stools are an indication for it, and it also acts on the salivary glands. Hence it has a place in mumps and for disorders of carbo-hydrate metabolism it should be considered. *Lycopodium* in many respects acts like a deeper-acting Iodine, and its value for these conditions is marked.

Some clinical observers have found small but material doses of Iodine useful in the expulsion of intestinal worms. The frequent association of emaciation and ravenous hunger with the pressure of these parasites is noteworthy.

Joints and (in the young) bones are in the sphere of influence of Iodine. It helps most the acuter exacerbations of synovitis due to some chronic disease like tubercle, syphilis or gonorrhœa. Motion aggravates the symptoms and rest relieves. Considerable degrees of effusion and deformity often disappear under the use of the drug. In the young, Iodine helps *Calcarea* to modify defects of bone growth. The Iodide of lime can well be used for these conditions.

In general touch and pressure worsen symptoms, as does movement. Rest relieves and especially open-air, even if cool. Damp, however, worsens chest and joint symptoms. The great hunger causes patients to feel better after eating.

The lower potencies are more frequently used,

although when well indicated there is no reason to doubt the efficacy of the high ones.

SYMPTOM INDEX.

General Symptoms : Great > open air ; < warmth and in warm room ; < wrapping up ; < damp ; < motion ; < touch and pressure ; ravenous appetite, with emaciation ; best suited to dark-haired and swarthy persons ; frequently helpful in tuberculosis.

Mental Symptoms : Anxiety with great restlessness ; irresolution ; fears concerning illness ; excitability ; sudden impulses.

Head Symptoms : Chronic backache with vertigo, especially in tubercular or syphilitic subjects ; congestion of head and throbbing.

Special Sense Symptoms : Watery coryza > out of doors ; profuse lachrymation ; middle ear troubles (chronic) ; iritis.

Alimentary Canal Symptoms : Ravenous appetite or entire loss of appetite ; coated tongue ; salivation ; nausea and vomiting ; abdominal pains ; diarrhœa with white fatty stools.

Genito-Urinary Symptoms : Atrophy of testicles ; tubercular disease of testicles ; premature and copious menstruation ; atrophy of breasts ; leucorrhœa.

Respiratory Symptoms : Hoarseness with dry barking laryngeal cough ; croup ; cough, with copious blood-stained expectoration ; pains in the chest ; dyspnœa ; tubercular disease of the lungs and syphilis ; cough > out of doors and < warm rooms.

Cardiac Symptoms : Palpitation and precordial anxiety ; chronic heart disease with compensation threatening to fail ; early fatty degeneration ; arteriosclerosis.

Joint Symptoms : Chronic arthritis with stiff and enlarged joints.

A NOTE ON PSORINUM.

By DR. RALPH H. BELLAIRS.

I HAVE repeatedly seen excellent results from one or two doses of *Psorinum* 30 in what one may term skin troubles of cats and dogs.

Not being a veterinary surgeon, I cannot give precise titles to the diseases which are so brilliantly cured by this truly specific remedy for the feline and canine tribe, but I believe that it is almost infallible when there are definite fur or skin symptoms.

In cats bare patches occur on the ears or tail and possibly elsewhere.

Recently in a Pekinese puppy, what was diagnosed as acute eczema of the ear was cleared up "tuto, cito et jucundé" when ordinary homœopathic treatment was unsuccessful.

The application of a human nosode to the lower animals is of the greatest interest and suggests all kinds of possibilities undreamt of in everyday philosophy.

* * * * *

Psorinum 30 is, of course, a priceless remedy for the human animal; yet, one hardly ever sees a mention of it in our current journals.

In general eczematous conditions it is in my experience the first remedy to think of, and often cures the whole trouble in a few days.

The late Dr. Heath regarded *Psorinum*, 30 as the prophylactic "par excellence" for influenza, which he described as a specifically "psoric" affection of the cerebro-spinal system. This was duly recorded at the time of one of our big epidemics in the columns of the "HOMŒOPATHIC WORLD."

Dr. J. H. Clarke recommends *Psorinum* 30 for "weakness after influenza."

Dr. H. C. Allen in his "keynotes" says that *Psorinum* is especially adapted to the psoric constitution. "Extremely psoric patients, nervous, restless, easily startled."

Indications that he enumerates are: Body has a very unpleasant smell, even after bathing; great sensitiveness to cold air or change of weather; hungry in the middle of the night; excretions have a carrion-like odour.

My own experience makes me associate *Psorinum* with *Skin irritation*, and that was what led me to employ it upon dogs, the proverbial "scratchers," and cats with mange tendencies.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the British Homœopathic Society was held on February 6th. In the absence of Dr. Byres Moir, the chair was taken by Mr. Dudley Wright. Dr. Francis and Dr. Stubbs, both of Plymouth, were proposed for membership. Dr. Burford gave an account of the work of the International Council, and the Provisional Committee was re-elected.

The business of the evening consisted in the reading of a paper by Mr. Johnstone, F.R.C.S., on "The Comparative Anatomy and use of the Appendix," and one by Mr. P. Roth, F.R.C.S., on "Some Orthopædic Principles."

AUTOTHERAPY IN INFLUENZA.—Dr. Luigi Meille draws attention in a recent issue of *Il Policlinico* (Practical Section, November 3rd, 1918) to a method of introducing into the organism of a patient suffering from a severe form of influenza a non-heterogeneous serum which presumably contains the antibodies or antitoxins of the antigen or toxin which produces the disease, and which, beyond its own antitoxic properties, would also act as a producer of fresh antitoxins. The technique is extremely simple. The veins at the bend of the elbow having been made prominent by the application of an elastic ligature, the needle of a sterilised syringe of 10 c.cm. capacity with the piston down is introduced into one of them and the blood allowed to push back the piston and flow into the syringe. An amount of 20 or 30 c.cm. thus obtained by repeatedly detaching the syringe from the needle is emptied into a sterilised test-tube, which is then plugged with cotton-wool and covered with gutta-percha. By keeping the test tube in a slanting position for twelve hours the serum separates and 1 to 2 c.cm. are aspirated by a syringe and injected into the subcutaneous tissue of the patient. No local reaction follows, but after from three to four hours a slight febrile reaction may occur, which soon subsides without leaving any after-effects; serum disease is never observed. Dr. Meille states that the action of the serum is quickly shown by an improvement in the course of the disease; the pulse becomes stronger, cyanosis less marked, and delirium ceases. Auto-serotherapy has no specific action upon complications, except by improving the general condition of the patient and favourably influencing the course of the disease.—*Lancet*.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JANUARY, 1919, TO
15TH FEBRUARY, 1919.

GENERAL FUND.

SUBSCRIPTIONS.						£	s.	d.
Mrs Paynter	..	..	..	..	..	10	6	
Dr. T. Watson	..	..	..	..	..	10	6	
Dr. H. J. W. Barlee	..	..	..	..	..	1	1	0
J. S. Thomson, Esq.	..	..	..	..	..	1	1	0
W. Hood, Esq.	..	..	..	..	..	1	1	0
Miss Noble Taylor	10	6	
Miss A. T. Laird	1	1	0
C. Charter Esq.	10	6	
E. Clifton Brown, Esq.	2	2	0
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C. A. Russell, Esq.	1	1	0
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J. P. Stilwell, Esq.	2	2	0
W. B. Stilwell, Esq.	1	1	0
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Miss Rogers	10	6	
Mrs. A. H. Dickens	1	1	0
Mrs. George Smith	1	1	0
Mrs. M. I. Cobb	1	1	0

The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 19th February, at 4.30 p.m.

Aurum metallicum not only acts on the nasal mucous membrane, but also upon the skin, where it forms deep ulcers. The mucous membrane involvement causes lachrymation, morning agglutination of the lids with burning, stitching, drawing, and itching, especially at the inner canthus. There is agglutination and painful ulceration of the nostrils, a feeling of soreness of the nose, especially when touched, putrid odour from the mouth, and painful swelling of the submaxillary and parotid glands.

Mentality : Despondency, disgust for life, and suicidal tendency are prominent ; a physical and mental state such as may be found in some syphilitics.—*Dr. Price, N.A.J.H.*

EXTRACTS.

PRELIMINARY REPORT ON THE PRESENCE
OF A FILTER-PASSING VIRUS IN CERTAIN
DISEASES, WITH ESPECIAL REFERENCE TO
TRENCH FEVER, INFLUENZA AND NEPHRITIS.*

By MAJOR-GENERAL SIR JOHN ROSE BRADFORD,
A.M.S.; CAPT. E. F. BASHFORD,† R.A.M.C.; AND
CAPT. J. A. WILSON, R.A.M.C.

(A Report presented to the Director-General Medical
Services, British Armies in France.)

DURING the autumn of 1917, and the spring and summer of 1918, observations were carried out by us on the pathology of acute infective polyneuritis. These resulted in the detection, isolation and culture by the Noguchi method, of an organism that reproduced the malady when inoculated into animals, and further, this organism was recovered by culture from such experimental animals. The details of this work will be published in the forthcoming number of the *Quarterly Journal of Medicine* and therefore need not be considered here. The causative organism of polyneuritis belongs to the group known as "filter-passers," in that the virus will pass through certain filters, although it is not a filter-passer in the sense that some other organisms are, as it does not pass through certain filters with very fine pores.

The satisfactory results obtained in the study of polyneuritis led naturally to the same method that had proved so successful with this disease being applied to other diseases when there was either evidence or suspicion that the causative agent was a filter-passer. A considerable number of such diseases have been investigated on these lines during the last six months in the laboratories attached to certain hospitals in the Etaples area.

Captain J. A. Wilson conducted the whole of the

* From the *Lancet* with full acknowledgment.

† Captain Bashford took no part in the portion of this work dealing with trench fever.

bacteriological portion of these inquiries in the laboratory of No. 20 General Hospital. Further, the observations on trench fever mentioned below were all made in this hospital, and Major Frank Clayton, R.A.M.C., had charge of the clinical observations on the volunteers inoculated with the virus of trench fever.

Captain Peacock controlled the whole of the entomological part of the inquiry, and more especially the provision of clean lice to control observations on infected lice.

The experimental work on animals and the histological work on the lesions so produced has been carried out by Captain Bashford in the special laboratory attached to the Observation Hut at No. 26 General Hospital. The present report is merely a preliminary statement as to certain results achieved, the full details, clinical, experimental, and histological, will be published later.

Trench fever was one of the first diseases examined at the suggestion of Captain Wilson. Other observers have adduced evidence showing that the virus of this disease belonged to the group of filter-passers.

Trench fever.—The virus isolated in trench fever consists of minute coccus-like bodies, grouped in pairs, with the opposing surfaces flattened, and varying in size from 0.3μ to 0.5μ . It is Gram-positive and stains readily if the film preparations are washed in ether before the stain is applied. It passes through Berkefeld N. and V. filters, and also through Massen porcelain filters, and can be cultivated from such filtrates. It resists heating to a temperature of 56°C . for thirty minutes, and it is an anærobe.

This organism has been recovered by culture from the blood in eleven out of fifteen cases of trench fever examined during the pyretic stage, and in three out of eight cases examined when apyretic. It was not found in over forty control cases where blood culture with the same technique was carried out.

A similar organism was recovered from four separate supplies of infected louse excreta kindly supplied to us by Sir David Bruce.

It was not found in thirty-one specimens of excreta from batches of clean lice.

The culture obtained either from the blood of man or from louse excreta, when inoculated by scarification into man, produces a mild illness, and the organism can be recovered from the blood by culture during such illness, and also from clean lice fed on the patient during the illness.

Influenza.—The virus isolated in cases of influenza consists of very minute rounded coccus-like bodies, varying from $0.15\ \mu$ to $0.5\ \mu$. It is Gram-positive, and passes through Berkefeld N. and V. filters and Massen porcelain filter. It is an anærope, and resists heating to 56°C . for thirty minutes.

It has been isolated by culture from the blood in six out of nine cases examined, from the sputum in six out of six examined, from pleural fluid in four out of four examined, and from the cerebro-spinal fluid in the only case so examined. It has also been isolated from the lymphatic glands post mortem in the only two cases examined. This organism can not only be grown from the blood, and from exudates, but it can also be seen in stained films prepared from exudates—*e.g.*, sputum, pleural fluid, cerebro-spinal fluid.

The culture (second generation) when inoculated into animals subdurally, or intravenously, produces illness in guinea-pigs and monkeys, and on post-mortem examination the following lesions have been found: extensive lobular pneumonia with hæmorrhages, some nephritis, myocardial and hepatic lesions, such as extreme congestion, interstitial hæmorrhages of small size, and fatty degeneration. Passage experiments done from such animals when slightly ill, by injecting their blood, bile, etc., into healthy animals, causes in these more severe and even fatal illness, and post mortem the same lesions are found. The organism has been recovered by culture from the tissues of such experimental animals.

Nephritis. Up to the present time (January, 1919) only one variety of nephritis has been investigated—*i.e.*, that characterised by the presence of pyrexia and hæmaturia at the onset.

The virus isolated in such cases of nephritis consists of a round coccus-like body varying from 0.3μ to 0.6μ in size, and in culture often occurring in the form of short chains of four individuals. The same organism may be seen in urinary sediments either singly or in pairs. It is Gram-positive, and passes through Berkefeld N. and V. filters, and also through the Massen porcelain filter. It is an anærope and resists heating to 56° for thirty minutes.

It has been isolated from the blood in six out of nine cases examined and from the urine in seven cases. The culture (second generation) when inoculated into animals produces nephritis in monkeys and guinea-pigs. In monkeys this can be determined not only by post-mortem examination, but also clinically, since the urine contains blood, albumin and casts. In both guinea-pigs and monkeys extensive lesions, glomerular and tubular, are found on microscopic examination. In severe cases pulmonary lesions are also present.

The organism has been recovered by culture from the tissues of the animals experimentally inoculated.

These three diseases are those that have been most studied as yet, but organisms of the same group, although differing from one another, have been recovered by culture in a number of other diseases of obscure etiology. In most of these no adequate experimental work has been possible up to the present, and in others it is incomplete owing to insufficient time having elapsed to establish results with certainty. Amongst the more important diseases where true "filter-passing" organisms have been isolated by culture from the blood and seen in suitably stained films mumps, measles, rose measles, and typhus, may be mentioned. In mumps four cases have been examined, and all gave the same positive result. Two cases of typhus have been examined, but as yet it has only been possible to get material from one each of measles and rose measles.

An organism allied apparently to that of polyn neuritis has been isolated from brain tissue in cases of encephalitis lethargica, both from material obtained

from England and also from cases observed in the army in France. A considerable amount of histological work has been done on the lesions present in animals (monkeys) successfully inoculated with these cultures. These results will be published later.

If the organisms found in polyneuritis and encephalitis are excluded, all the others have many points in common and possibly belong to one group. Although exceedingly small, they present individual differences in their morphology, and in their mode of growth in culture. These details must be reserved for fuller and later publication.

Etaples, January 21st, 1919.

CONCERNING MALARIA. *

THE *Indian Medical Gazette* for July, 1918, is a "Special Quinine and Malarial Number," containing four original articles—two on treatment, two on prophylaxis. Those who have followed the researches on malaria conducted in this country during the war well know that so far it has not been found possible to cure simple tertian malaria infections by *Quinine* used in any dose in any way, and that the fundamental fallacies underlying the pre-war text-book were traceable to a lack of adequate post-treatment observation period. Nor, so far, has *Salvarsan* proved any more effective, though its "specific" action is just as well marked as that of *Quinine*. How far these statements apply to malignant tertian malaria we cannot say, though the evidence is very clear that *Plasmodium falciparum* and *P. vivax* react differently to *Quinine* and *Salvarsan*, and it is consequently imperative that authors when they write of *Quinine* and malaria should state to what exactly they are referring. There is, so far as we are aware, no evidence on record proving that a first attack of any form of malaria is more readily cured than a relapse. Of the efficiency of intramuscular injections of *Quinine*, even in the strength of 1 g. in 2 c c. of water, in simple tertian malaria there is not

* From *The Lancet* with full acknowledgements.

the slightest doubt. Those who still conduct academic discussions on the point should read the literature. The fact, if it be so, that *Quinine* (or what is supposed to be *Quinine*) has been found *in situ* post mortem cannot stand against the clinical and microscopical evidence. Ramsden's and Lipkin's work suggests that it may not be *Quinine* itself but a metabolite of *Quinine* that is the actual parasitocidal agent; and, further, there is evidence that muscle possesses this power of metabolising *Quinine*. The finding of "*Quinine*" *in situ* in muscle may be, in fact, the very reason that intramuscular injections are so successful—*viz.*, the muscle is exercising its metabolising function, a function which blood as compared with muscle possesses to hardly any appreciable extent. These are speculations, however, and do not in the least touch the established fact that intramuscular injection of *Quinine*, even in fifty per cent. solution, is a good method of administering *Quinine* in simple tertian malaria. Captain W. Fletcher, R.A.M.C., expresses his belief "that '*Quinine* resistant' types of malaria are either extremely rare or non-existent." "A relapse," he says, "during adequate *Quinine* treatment (defined above as twenty gr. or more every day) is, to say the least, uncommon"; but not only the records of such cases, in *simple tertian malaria*, but the frequency of their occurrence can be found in the literature for 1917. Major D. G. Marshall, I.M.S., has some instructive teaching on the matter. In *simple tertian malaria* very little result is to be expected from such a *Quinine* course. *Quinine* for the attack is a proved remedy, but no short road to a cure of *simple tertian malaria* by its means has hitherto been found. *Quinine* prophylaxis has not yet emerged from the ocean of contradictory statements that exist on the matter. There is only one method of putting an end to the confusion, and that is, to begin again, defining strictly the conditions of each experiment; it has not been generally recognised hitherto, for instance, that prophylaxis of a non-infected population and the "prophylaxis" (so-called) of an already infected population are two distinct questions

PARALYSIS AGITANS AND THE CORPUS STRIATUM. *

It appears that we are within a measurable distance of an understanding of the pathology of this chronic nervous syndrome. In an interesting paper by Dr. J. Ramsay Hunt in the *Archives of Internal Medicine* (November, 1918) this writer records in full detail the morbid findings in two cases of paralysis agitans; in both the sole lesion was found to be a primary atrophy of the pallidal system of the corpus striatum. The corpus striatum in man is divided by the passage of the internal capsule into two structures, the caudate nucleus and the lenticular nucleus. The latter is subdivided into an external segment, the putamen, and an internal, the globus pallidus. The globus pallidus is older phylogenetically than the caudate nucleus and putamen (neostriatum). It is also distinguished from these structures histologically. The neostriatum contains two types of cells, a small type of ganglion cell of pyramidal form, and a large type of ganglion cell, the homologues in the corpus striatum of the Betz cells in the motor cortex; the globus pallidus contains only these latter large cell types. By the course of the fibres related to these two cell systems their functional significance can be inferred. The small-cell fibres end in the globus pallidus; they constitute a short association and inhibitory system for the corpus striatum, and atrophy of this system is the essential cause of Huntington's chorea (Hunt). The large-cell fibres, on the other hand, have a wider distribution; they extend to the optic thalamus, constituting the efferent pallidal system, and exert, through the red nucleus and substantia nigra, regulating influence upon the extra-pyramidal motor system of the spinal cord. Lesion of this pallidal system results in paralysis agitans. The corpus striatum and the strio-spinal system are to be regarded as constituting a mechanism for the control and regulation of automatic and associated movements, paralysis of which results in the syndrome of paralysis agitans; in this sense it is to be distinguished from the other type of central

* From *The Lancet* with acknowledgments.

palsy characterised by spastic paralysis, a paralysis here of isolated and discriminatory movements, and referable to damage of the pyramidal system.

The two cases recorded confirm these views as to the pathology of paralysis agitans. In the first, that of a man aged 56, who died of an intercurrent infection, there were found atrophic changes in the large motor cells of the neostriatum with slight reduction of the medullary network of the globus pallidus and thinning of the strio-hypothalamic radiation. The second case showed atrophic changes in the large motor cells of the corpus striatum and other changes in the globus pallidus similar to those met with in the first case. There were no other evidences of central nervous involvement in either case. Dr. Hunt discusses the causation of the symptomatology. The rigidity and tremor are referred to a loss of striatal inhibition, the corpus striatum controlling muscle tonus as does the cerebral cortex. When this inhibitory function is abolished hypertonicity results. The striated muscle has a double innervation—the anisotropic disc system controlled by the motor nerves, the sarcoplasmic substance controlled by the sympathetic system. The former subserves the function of quick contraction; the latter, plastic function concerned in posture. It is suggested that there exist two distinct centres for the control of muscle tonus—one for contractile tonus, which regulates the anisotropic disc system, the other for the plastic tonus. Both centres are under the control of the pallidal system, and loss of this control may be indicated by tremor or rigidity according to the system involved.

TETANUS WITHOUT TRISMUS.*

THE enormous medical experience of the war has modified our knowledge of many diseases. Perhaps the most striking example is tetanus. It used to be taught that trismus was a characteristic early sign on which the diagnosis turned in cases of doubt. But the extensive prophylactic use of antitoxin in the wounds

* From *The Lancet* with full acknowledgment.

of war has produced new types of the disease in which old and well-established rules fail. We now know that the disease may be so mitigated that the spasms may be confined to the neighbourhood of the wound (local tetanus) and trismus or other spasm be completely absent. This form was known previously in experimental tetanus in animals. But the view of the pathology of tetanus brought forward by Professor H. H. Meyer and Dr. Fred Ransom (*The Lancet*, December 22nd, 1917, p. 929) that the increased irritability of the nerve centres is due to the passage of toxin up the motor nerves to the spinal cord, in which process the nerves of the infected area are at an advantage, would suggest that tetanus should always be local in onset, and, indeed it has been asserted that if cases are carefully watched from the beginning spasms of the muscles in the neighbourhood of the wound will always be observed. Not only is trismus absent in local tetanus, but, more remarkable, French observers have shown that it may be absent in general tetanus when modified by the prophylactic use of antitoxin. In the December number of the *Medical Review* is given the following case, recorded in the *Lyon Médical* by M. Roubier.

An Arab soldier was wounded in the left hand by a grenade on April 22nd, 1917. On the following day 20 c.cm. of tetanus antitoxin were injected, and eight days later 10 c. cm. On May 8th, when the wounds were healed and he was considered cured, the temperature rose to 102.6°F. and next morning to 105°. He sweated profusely and complained of pain in the neck and a little difficulty in swallowing. There was no trismus, and Kernig's sign was absent. Though the spleen was not enlarged malaria was suggested and *Quinine* given. The temperature fell but rose again, and there were intense headache, slight dysphagia and some stiffness of the neck. Kernig's sign and, slight hyperæsthesia of the lower limbs were found. Blood examination was negative. On May 14th these symptoms persisted, and in certain regions a prick or even grazing of the skin produced local muscular contractions which were not painful. Lumbar puncture yielded normal fluid not under increased pressure.

The contractions, which consisted of rapid twitches, not durable contractures, became more intense. On the 23rd the contractions were for the first time painful and there was contracture of the anterior muscles of the right thigh. It was increased on the slightest touch and paroxysms occurred spontaneously which were grafted on to the permanent hypertonia. Spontaneous twitches of the sub-umbilical region occurred at variable intervals. Improvement began on June 7th and recovery followed. The treatment consisted in the administration of antitoxin and Baccelli's fluid. The absence of trismus rendered the diagnosis difficult. Malaria, septicæmia, and, on the appearance of the cervical-rigidity, meningitis were in turn suggested.

Several French papers on tetanus without trismus have recently been published. Montais has shown that the classical form of tetanus which occurred at the beginning of the war became rarer as preventive serotherapy was more methodically applied. Lumière among 54 cases of tetanus after preventive injection found trismus absent in 15 and attenuated or late in appearing in 13. The explanation of the absence of trismus is not clear. A considerable immunity conferred by antitoxin would explain very well local tetanus or the late appearance of trismus as an initial symptom. But why should what are normally the most sensitive centres to the toxin become insensitive while other centres retain their sensitiveness?

VARIETIES.

LIGHT AND HEALTH.—In Switzerland cow-byres are lighted by electricity. Some of the pig-sties are also so lighted, presumably more for the convenience of the caretakers than for the actual inhabitants. In the rural parts of our own country such amenities are not available even for the human population. The horrible darkness of the country is, indeed, the townsman's chief complaint when he is forced to live under rural conditions. Darkness cripples all his activities and reduces him to a partial state of hibernation. The inability of the town-dweller to see in the dark

constituted a grave difficulty in the training of troops for trench warfare, where to take prompt advantage of the slightest glimmer of light is a military asset of enormous importance. Possibly the troops now returning home may have learned their lesson so well that darkness will no longer be a serious bar to rural life—possibly, too, the born countryman may scarcely be conscious of the drawback—but since the population is so largely urban we are in entire agreement with Sir H. Rider Haggard, who, in a letter to the *Times* of November 19th, ascribes the desertion of the rural districts in large part to their appalling darkness during the long winter months. If it is technically possible, there seems no conceivable reason why, in fairness to the rural dweller, the village street and the village house should not be as brightly lighted as those of the towns. If it is merely a question of distribution, the problem has long been solved in other countries by the overhead conduction of high-tension current. The plea of danger has been negated by experience. No Swiss village is without its brilliant electric illumination, while every tenth house has its telephone, by means of which conversation can be carried on with neighbouring valleys which might take ten or twelve hours to reach by rail or road. But Swiss boys, although no mean climbers of electric standards, are not electrocuted, and even birds perch unscathed. If it is a question of quantity of current and of resulting cost, then the towns might well spare some of their garish brilliancy to the villages. Natural water-power, as everyone knows, answers many questions about cost, but surely we need not stand with folded hands neglecting all things because one natural advantage is denied us. We do not know whether it would be possible to light country highways, but short of this the finger-posts at corners should be made easily readable by night as by day and all dangerous crossings illuminated. Some may hold that these are merely questions of convenience, but the effect of light on health is one that cannot be gainsaid. The winter gloom of day-time in Marylebone and Kensington, in Lancashire manufacturing centres, and on the dockyards of the Clyde must result in a general lowering of vitality which predisposes to disease—we are not referring to the artificial darkness of war-time, but to the climatic amenities of these islands. It is not direct sunlight alone which is beneficial; bright diffused light invigorates even when the sun itself is obscured. The “artificial sun” of the mercury-vapour lamp has been shown to take the place in part of the real orb. Brightly lighted play centres for town children will probably demonstrate the same truth. Something should be done, and done quickly, to remove the day-time gloom of our cities and the night-time gloom of our villages. They constitute one of the greatest impediments to healthy outdoor life in the long winter months. We commend the subject to the consideration of those who are planning central power-stations.—*The Lancet*.

LETHARGIC ENCEPHALITIS AND POLIOMYELITIS.—The difficulty of calling by an intelligible name such diseases as lethargic encephalitis and anterior poliomyelitis when the morbid agent

is unknown and the morbid lesions are so various, must not obscure the fact that a stage of useful knowledge has been reached in regard to the two diseases and their relations. In his lecture on lethargic encephalitis delivered before the Medical Society of London, which appeared in *The Lancet* of December 21st, Dr. Farquhar Buzzard drew some general conclusions with regard to the recent epidemic. He directed attention to the fact that in the case of the analogous disease, acute poliomyelitis, the profession as a whole has tended to take too limited a view. In this it has followed the course of the history of the disease, in which our knowledge was for a long time based upon late examination of sporadic cases. It was not until epidemics occurred that attention was directed sufficiently to the protean character of the disease, due to the very variable localisation of the morbid process. Because the most common site was in the spinal cord and the most vulnerable elements the cells of the anterior horns the disease received the name "anterior poliomyelitis," and this stereotyped our conception of it. Dr. Buzzard has rendered a service by warning against a similar limitation of view in the case of lethargic encephalitis. This disease presents many points of similarity to acute poliomyelitis, but is "undoubtedly an entirely different disease." The form in which it was first observed was characterised by lethargy, asthenia, and oculo-motor paralysis; a second group of cases presents the features of acute paralysis agitans. Dr. Buzzard describes a third group in which "the force of the inflammation was spent upon the cerebral cortex," with resultant Jacksonian movements and consecutive paralysis. In different cases the distribution of the lesions may be very various, and no doubt other types of case will be described later. The number of cases recorded in the present epidemic has been comparatively small, and they have occurred over a wide area, as shown in the note on the distribution of the disease by Lieutenant-Colonel S. P. James in the same issue of *The Lancet*. It is probable that many other cases have occurred which have not been recognised as such, because they do not conform in type with the variety of the disease which was first described, and that later an "abortive" form of lethargic encephalitis may be established, as has been done by Wickmann in the case of poliomyelitis. Dr. Buzzard suggests that some sporadic cases of encephalitis lethargica have previously been diagnosed as cerebral thrombosis or hæmorrhage; he points out that microscopical examination is frequently the only method of differentiating between the two, the naked eye appearances being indistinguishable. This would explain those cases of "cerebral thrombosis" in which the Wassermann reaction is negative and the vascular system apparently healthy. Unfortunately, our ignorance of the causal agent is so complete that but little help in treatment is afforded by such a differentiation, beyond confirming our belief that the cause is one associated with a profound toxæmia against which general measures can be taken.—*Lancet*.

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Shera (A. Geoffrey). Vaccines and Sera Their Clinical Value in Military and Civilian Practice. With an introduction by Sir Clifford Allbutt. 18mo, pp. 247, net 7s. 6d.

Stewart (G. N.). A Manual of Physiology 8th ed., 8vo, pp. 1,269, net 21s.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr. Frost, Chelmsford—Dr. Bellairs, Cheltenham—Dr. J. R. Day, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med. Fran Homöopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.—
North American Journal of
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Nitric Acid.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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THE HOMŒOPATHIC WORLD.

APRIL 1, 1919.

DR. GEORGE CLIFTON.

ELSEWHERE in this number we print an appreciation of George Clifton from the pen of one of his oldest friends and that will, we are sure, be valued by all who knew and loved him. But George Clifton was one of the outstanding figures of English Homœopathy and must have also a tribute, less personal but equally heartfelt, to his public position.

George Clifton possessed all the qualities of a fine physician; skill and care, kindness and forethought, patience and decision, all these were his in large measure, and through them and his wide therapeutic knowledge he made his bold mark upon his city and upon our own society. But the additional qualities that distinguished him and will make his memory remembered with deep affection, were his singleness of purpose in pursuing his duty, his lack of self-seeking, his ready welcome of every value and virtue in others, and his steadfast devotion to the truth as he saw it. No opponent could be more courteous, no opponent more firm. Through all his long life he won the respect due to the man who held straight on his course, fearing no opposition, never arrogant, never assertive, but constantly, steadily, working for truth and knowledge.

This is a splendid record of a life's work that he leaves us, and in paying our tribute to the dead we shall never forget that his work lives on for those who can build on it with equal unselfishness and equal courage.

NEWS AND NOTES.

MANNERS FOR SMOKERS.

A CORRESPONDENT has been moved by Dr. Alexander's recent article on Tabacum to point out that even in these days when nearly all men and very many women, (not to mention little boys) smoke, there are still individuals to whom the effects of tobacco are harmful, people who are genuinely distressed by the smell and the smoke of it. Our correspondent wishes to suggest to smokers that it would be a good point of manners to remember the existence of these "sensitives," and, if any one of them is known to be present to show the courtesy of refraining from tobacco.

Although smoking compartments are still distinguished on trains, it is a frequent observation that now-a-days would-be smokers are apt to be rather annoyed if requested not to smoke in any carriage.

Our correspondent's gentle admonition deserves a hearing.

INFLUENZIN AS PROPHYLACTIC.

VACCINE treatment for prophylaxis of influenza and mixed catarrhal infections has become general during the last year or two, and many of the results seem satisfactory. When an ordinary vaccine succeeds it is usual for potentised "nosodes" to be useful, and the possibilities of Influenzin as a prophylactic are perhaps less exploited than they might be. A correspondent compares two villages in his neighbourhood within easy reach of one another. In the first of 800 inhabitants in the recent epidemic (before Christmas) there were thirty deaths attributed to Influenza and its sequelæ; in the other of 1,000 inhabitants only one death during the same time. The general conditions were fairly comparable, but in the second village Influenzin 30 was freely used, and in the first village not at all. The difference is striking, and had ordinary vaccines been used there is little doubt

that some, at least, of the difference would have been attributed to them, and we think Influenzin should have similar credit.

ATROPINE AS AN AID TO DIAGNOSIS OF TYPHOID.

It has been claimed that atropine can be utilised in the diagnosis of any of the typhoid affections. The test consists in noting whether the pulse rate rises or not after an injection of the drug. One hour after a meal the patient is laid in the horizontal position and his pulse rate noted minute by minute until it becomes steady. One thirty-third of a grain of atropine sulphate is injected into the triceps, and, after a lapse of about twenty-five minutes, the pulse rate is taken as before, minute by minute, until it is apparent that the reaction has ceased and the rate is falling to the preinjection level. As a general rule, the increase of twenty or more beats a minute may be taken to indicate that the patient is probably not suffering from a typhoid infection. Should the rate increase by only ten beats the reaction is suggestive of an infection by one of the typhoid group. Indeterminate readings between these two necessitate further observations a few days later.—*Med. Press.*

ALBUMIN GLOBULIN RATIO IN EXPERIMENTAL INTOXICATIONS AND INFECTIONS.

S. H. Hurwitz and G. H. Whipple (*Journ. of Exper. Med.*, Baltimore, February, 1917, No. 2) state that the intoxication which develops as the result of a simple obstruction or a closed intestinal loop, accompanied by an alteration in the normal albumin globulin ratio of the blood serum; the globulin fraction is greatly increased and at times the normal relation of the two fractions may show a complete inversion. The increase of the globulin content of the blood stream is not marked in the animals which show some of the certain complications met with in loop animals, rupture of the loop and peritonitis. In the latter condition especially, the

globulin increase is rapid and large. The authors believe this reaction to be of diagnostic value in acute infections attended by the sudden liberation and absorption of a toxic exudate. Infections and intoxications produced by inflammatory irritants are also accompanied by a rise in the blood globulins. This observation suggests that tissue disintegration with absorption of toxic products is responsible for the changes noted, and that bacterial invasion is important only in so far as it gives rise to toxic substances. Animals which have developed a tolerance to proteose intoxication following the periodic injection of small doses of proteose, do not show a globulin increase. These experiments do not support the view that the rise in globulins observed in these experimental conditions is an expression of a resistance or tolerance developed by the animal. From the experimental evidence it seems more probable that the alteration in the partition of the blood protein fractions is one of the results of the metabolic disturbance which has been shown to occur in these conditions.

Medical World.

Apis mellifica is universally thought of in erysipelas, urticaria, œdematous angina, and in annoying dysuria, with frequent but scanty micturition.

Mentality: Its absent-mindedness, irritability and jealousy should always be taken into consideration in prescribing this drug.

Arnica montana is another interesting drug. In both tissues we find it may produce ecchymoses, which may result in external hæmorrhage or, in the case of mucous membrane involvement, portions of this tissue may degenerate and be destroyed. The skin may be the site of erysipelatous lesions with involvement of the cellular tissue; or furunculosis with the characteristic soreness may appear. This impartial destructive tendency of arnica led the once famous surgeon Grauvogl to prescribe it in all cases of wounds, whether from bullet, sabre, knife or musket butt, or as a post-operative remedy.—*Dr. Price, N.A.J.H.*

ORIGINAL COMMUNICATIONS.

AN APPRECIATION OF DR. GEORGE CLIFTON.

ALDERMAN GEORGE CLIFTON, L.R.C.P. Edin., and L.M., L.F.P.S. Glasgow, a homœopathic physician of considerable distinction, passed to his rest on February 23rd, full of years and honours. Our venerated colleague was Ex-Mayor of Leicester, and Justice of the Peace for the same Borough, and a member of the aldermanic bench from 1891 onwards. The public duties attaching to these several offices were so fulfilled as to win "golden opinions from all sections of the community." * But such civic activities were not George Clifton's prime objects in life. These were fitly described when he spoke of himself as "one who has ever put first and foremost the duty of serving his fellow-men by using the knowledge he has acquired for the relief of suffering humanity." There spoke the man : and his whole life was abounding evidence of this inspiring spirit.

George Clifton was born in early Victorian times, being one of four notable brothers, who have, each and all, loomed large in the history of Homœopathy, and kept the flag flying to some purpose in their several localities. The eldest, Dr. Arthur Clifton, of Northampton, was a famous man in his day and generation, virile and capable, who had the professional esteem of peer and commoner in the Midland shires, making the Homœopathic writ run alike in castle and in cottage. His brother, the subject of this memoir, equally able, though with more *savoir faire* than the elder knight errant, was for fifty years a tower of strength for Homœopathy in the borough formerly represented in Parliament by Peter Alfred Taylor and Allanson

* From a speech by Ald. Windley, at a banquet given in honour of Dr. and Mrs. Clifton in the year of Mayoralty.

Picton. Mr. Frederick Clifton, who stood for Homœopathy during a long life in Derby, is now represented in the family lineage by his son, Dr. Frederick Clifton, of Sheffield, who wears the family mantle of ability and success as becomes his homœopathic heredity. Lastly, Mr. Edwin Clifton, fortunately still with us, and whose life-work centred at Ipswich, is well-known all through East Anglia as one of the pillars of Homœopathy, nor does age wither nor custom stale his infinite desire to serve his fellow-man in the manner beloved of his house.

George Clifton succeeded Dr. Gutteridge in homœopathic practice in Leicester in 1870, and immediately made his mark as a physician of talent and success. As year succeeded year the demands of professional work required the co-operation of younger colleagues, and the category of assistant physicians who worked under the ægis of Clifton contains the names of Dr. Robertson, the late Dr. Louis Connor, Dr. Bremner; while Dr. Henry Mason and Dr. Edmund Capper, first as co-workers with their chief, and later in independent practice, have with Dr. Clifton, kept Homœopathy at high-water mark in Leicester for many years, and still bear the heat and burden of hospital and dispensary and private practice now that their consultative chief is no more.

The successful work of George Clifton was founded on a wide and deep acquaintance with the homœopathic materia medica. "Before commencing practice," said he once, "I knew my Jähr as well as I know my Bible." And though far too deeply immersed in public and professional duties to write copiously, one piece of medical delineation deserves note. It is the contribution on the indications for remedies in certain forms of facial pain, written for the "Clinical Directory" in the older editions of Ruddock's *Vade Mecum*. In the earlier years of Clifton's work in Leicester he came into contact with that amazing genius, Lawson Tait, and his ambition, influenced by the spectacular successes of that extraordinary man, to work under Tait's leadership and repeat Tait's epoch-making results. But the insistent claims of an

established practice—and Homœopathy—could brook no rival in Clifton's professional duties: and the ambition remained without definite issue.

Where Homœopathy was concerned, Clifton was never content with second best, and the Leicester Homœopathic Dispensary in due course expanded into the Leicester Homœopathic Hospital, first located in De Montfort Square. The admirable work done here justified the transference of the equipment after some years to a building of ampler proportions—the present Highfield Hospital. Here Dr. Mason and Dr. Capper have kept institutional homœopathy high in favour with the citizens of Leicester, and with Dr. Clifton as consultant, the medical and surgical record has been of the highest credit to our colleagues.

Probably the most notable event in George Clifton's public Homœopathic life was the meeting of the British Homœopathic Congress in Leicester in the year 1899. This concurred with the year of his mayoralty, and the Congress meetings were, by invitation, held in the Town Hall and the Municipal Buildings. The President was Dr. Byres Moir, and the address was a brilliant justification of the scientific basis of Homœopathy from the view-point of modern physiology and bacteriology. In the evening the Mayor held a public reception of members and guests; the municipality was represented by some of the members of the aldermanic bench, and the status and solidarity of the homœopathic cause received a notable uplift from the Leicester meeting.

It is interesting to recall that during the whole of his professional life, George Clifton lived on terms of mutual respect with his brethren of the orthodox school. This was due to the personality of the man himself; for while never abating a jot or tittle of his homœopathic convictions, his urbanity, no less than his ability, secured for him a popularity which increased with advancing years. Implicitly and explicitly, he always allowed for others that right of private judgment he maintained for himself. How high he ranked in the medical administration of the Borough is obvious when we note that for over twenty years he was

Chairman of Committee of the Borough Mental Hospital, a large institution at Humberstone. He was also for a time Chairman of the Hospital Sub-Committee of the Borough Council, and as member of the Sanitary Committee he took a definite stand when the efficacy of vaccination was challenged during a serious outbreak of small pox at the Fever Hospital. And all this concurrently with extensive private practice, both visiting and consultant; the latter indeed, down to his last illness was Clifton's chief interest and pleasure in life; and the high personal regard uniformly maintained by his patients for their physician was to him a deep and abiding inspiration.

Dr. George Clifton was a Freemason with the rank of Past Master, and an incident in his Masonic life was related with relish by him to the writer. In Leicester Masonic circles there moved at that time an eminent physician of the old school, high and dry, to whom professional dignity and professional etiquette were as the marrow of his being. He noticed the new aspirant, and learning his homœopathic views, took a characteristic course. "He called," said Clifton, "on me shortly afterwards and thus delivered himself: 'I hate your Homœopathy, Clifton, I detest it, but as a Freemason I am always at your service, and if ever I can do anything for you send for me.' With that he took his departure. Some time after," continued the narrator, "I was seriously ill with an acute attack of bronchitis. For eight consecutive days my professional mentor called at my house in the light of day personally to enquire; nor ceased his attentions until he was definitely assured I was well out of danger."

Such is the bald outline of a life lived for his fellowmen, with Homœopathy as its professional guiding light, and held without fear or favour. George Clifton was always shrewd, always kind, always patient, and to him Spenser's distich exactly applies:

"Rest after toil, port after stormy seas,
Ease after pain, death after life, doth greatly please."

GEORGE BURFORD.

VERIFICATION OF MERCURY*

By DANIEL E. S. COLEMAN, Ph.B., M.D., New York.

I have had five cases of bichloride of mercury poisoning upon my ward at the Flower Hospital, two during my last service and three this month. All recovered promptly. Hepar sulph. was prescribed for the two cases on my former service.

Following is a short description of the three cases this month :

Case 1. June 7th. Woman, æt. 28. Took 15grs. dissolved in water, at 2 p.m. Did not vomit for an hour. It was therefore absorbed. Admitted to hospital at 5.45. Dr. Edwin Goodman, the house physician, prescribed hepar sulph. 2x and ordered elimination treatment. The symptoms at that time were as follows: Severe abdominal pain, extreme nausea, vomiting of blood-streaked mucus, frequent small blood-streaked stools, very weak. The retching and vomiting became very severe towards night. Urinary examination on day of admission: Reaction acid. Albumin, very faint trace. Colour, light yellow, cloudy. Urea, 29 per cent. Sugar, negative. Epithelia, few from kidney and ureter. Pus corpuscles present. Mucus, small amount. Salts, large amount of urate of soda.

June 8th. In the afternoon Dr. Goodman prescribed Phos. 15x q.l.h., later not so often, on the following symptoms: extreme burning in the stomach, with retching and frequent vomiting of bloody mucus, tenesmus and diarrhea of bloody mucus. Urine, high-coloured and scanty. Reaction, neutral. Albumin, marked trace. Colour, reddish brown. Casts granular. Epithelia, kidney and pelvis. Pus corpuscles, present. Mucus, present. Salts, much oxalate of lime. All symptoms aggravated towards evening.

June 15th. Patient sat up in bed, no gastrointestinal symptoms, but slight soreness in abdomen. Condition very good, patient very bright. Urinary examination: Reaction, alkaline. Albumin, very

* Abstract from paper published in *Homœopathic Recorder*, Aug, 1915. With full acknowledgment to the J.A.I.H.

faint trace. Colour, light yellow. Casts, absent. Epithelia, very few from kidney and pelvis. Pus corpuscles, few.

June 18th. Condition excellent.

Case 2. Female, æt. 19. Took two $7\frac{1}{2}$ gr. tablets Vomited in fifteen minutes. Hepar sulph. 2x prescribed by Dr. Goodman. No symptoms developed. Discharged in five days.

Case 3. Female, æt. 38. Took two $7\frac{1}{2}$ gr. tablets. Hepar sulph. 2x prescribed by Dr. Goodman on admission. Next day I prescribed Nitric acid about the 3x, run up in water, on the characteristic tongue symptom: Deep irregular shaped ulcers on edge of tongue, with burning pain. Her symptoms disappeared rapidly, and she was discharged cured in six days.

It is much harder to teach students to become prescribers than to prescribe ourselves. The efficiency of a service in a homœopathic hospital is greatly enhanced by an intern interested in the great art of homœopathic prescribing. Many years of experience as a visitor has convinced me of the necessity of developing such interest!

CRATÆGUS.*

By LLOYD R. ATKINS, M.D., New York City.

THE careful distinction necessary in the differentiation between drugs having a recognised action on a given organ compels us to studious attention in the selection of drugs which are known as heart remedies. While much is known of Digitalis and its indications, gathered from many provings, together with the years of clinical service, it has to its credit, there are times when Digitalis, at first glance, seems to be indicated, and yet fails to give the expected result. It is here that we are liable to look with suspicion, not on the drug or on our knowledge of it, but upon the reliability

* Reprinted with full acknowledgments to the Author and Editor N.A.J.H.

of its preparation; whereas the difficulty has been that we have failed to notice the distinctive difference existing between *Digitalis* and *Cratægus* in our case, and have been trying to get the remedial results from *Digitalis* that could have been got from the indicated *Cratægus*, with the usual results.

I will cite one case only, that of a woman, eighty-one. General senility, including the muscular system, pulse slow, irregular and weak; urine, normal; bowels, regular. Cardiac dilatation had been present for a considerable period. This patient had had *Digitalis* during previous attacks, and it had rendered its usual prompt service. The day of this experience I was called in the morning about an hour after the patient had eaten her breakfast, and found her leaning back in a chair with the lower extremities extended to their full length, having great difficulty in breathing; face slightly cyanotic; pulse, soft, varying as to size and regularity. Examination of the heart gave me the impression of its complete exhaustion, the first sound being inaudible, and the heart beating much faster than the pulse indicated. Feeling that the usual *Digitalis* would not be sufficiently prompt in its action, I gave five drops of the tincture of *Cratægus* in a teaspoonful of water on the objective symptoms, and applied myself to watching the heart's action.

I was much gratified to notice in a very short time that the sounds were becoming more distinct. In ten minutes I repeated the dose with the result that inside of twenty minutes the patient regained ability to talk. This was discouraged, and perfect quiet requested, which was readily acceded to, as the slight exertion of trying to talk caused a return of the dyspnœa. *Cratægus* was then given in teaspoonful doses for the next two hours at intervals of half an hour—thirty drops in five ounces of water.

At the end of an hour the patient was able to walk to a couch about five feet away and lie down. The breathing was normal, with no return of dyspnœa from this exertion; the pulse was noticeably stronger, and less chaotic in its rhythm; the heart sounds had become clear, and in three hours had become perfectly

regular. The Cratægus was continued through the day at hour intervals, dropped to intervals of two hours the second day, and kept at that dosage for the next four days, when the patient was allowed to get up. As the exertion of getting up failed to have an effect on the heart and there were no signs of dyspnœa, the patient was allowed to do as she pleased, and medication was reduced to four times a day for a period of one week, when it was entirely stopped.

Beyond the immediate results I procured in this case I found that the blood pressure had dropped from 160, at which it had been for months, to 140. This led me to continue the remedy at stated intervals, giving two doses daily for a week, then resting for three weeks, for a period of three months, when I found the pressure had receded to 135 and seemed to remain stationary. Considering this a safe pressure for a patient of eighty-one, I discontinued the remedy. The dilatation of the heart was lessened, and muscular action much improved. The patient felt more confidence in herself, and entered more into social life than she had for over a year before. I feel that the results obtained in the muscles of the heart and the improvement in the condition of the patient not only lengthened the life of the patient, but allowed her to enjoy herself much more than she otherwise would have done.

There never was a relapse in this case, nor have I seen one in Cratægus cases, though I have at times found that after Cratægus had done its work it was necessary to follow it with whatever drug was indicated. As its action is non-toxic and non-accumulative, it has been my experience that all remedies have followed it well. The similarity between Digitalis and Cratægus, which may be confusing at first, disappears when the indications of either one are present. Motion furnishes the most notable differentiation in that in the Cratægus case it increases the dyspnœa without greatly increasing the pulse, while Digitalis has quickening from the least movement. The heart sounds in the Cratægus case give you the impression that the heart muscles are flabby, worn-out and about to give out entirely, while

the sounds of the *Digitalis* case, though weak and irregular, are never such as would cause you to think the muscle was flabby. The sounds, no matter how irregular, are well formed and show some vitality in the muscle.

There was no angina in the case mentioned, nor have I ever seen it in cases where *Cratægus* was indicated. The mental symptoms of this drug have not received attention, owing to variations I have found, due probably to the different degrees of fortitude possessed by the individuals coming under my observation. In fact, the mental conditions of all heart cases *in extremis*, labouring for their breath, are so similar that I have not considered them in any way characteristic. *Strophanthus hispidus* naturally comes to one's mind when studying *Cratægus*, on account of its similar action in stimulating the systole.

In *Strophanthus* the absence is the result of exsanguination, either following an operation or an accident, while *Cratægus* has the lack of power from muscular degeneration due either to senility or wasting disease. Personally I have only used it in senile cases. *Strophanthus* is to be thought of in connection with tobacco heart, where it has always given me satisfactory results, especially where the patient has stopped the cause. The action of *Strophanthus* is closely allied with that of *Strychnine*, and care should be used in their differentiation.

Cactus is surrounded by a train of nervous symptoms and is more liable to be confused with *Lilium tigrinum* than *Cratægus*. *Iberis* can be distinguished by its vertigo and full pulse. *Glonoine* has the fluttering and palpitation accompanied by dyspnoea, but it is easily distinguished by the throbbing through the entire body, as well as the general congestive characteristics which are always present in *Glonoine* cases.

I have encountered a few physicians who tell me they have been unable to get results from *Cratægus*, but none so far who have condemned the drug as worthless, as most of them have seen results that refuted their personal experience and compelled them

to admit there was something wrong either with their indications or in the preparation of the drug.

This experience has been repeated by physicians in whom I have the greatest confidence, sufficiently often to cause me to consider *Cratægus* one of the delicate drugs, one that must be harvested at the exact time of the growth each year, grown on the same soil, under the same climatic conditions, etc., or it is liable to be worthless. For this reason I have made it a practice to procure my *Cratægus* from one source, and to keep sufficient on hand to supply any reasonable demand. As the tincture is made from the berries, and English hawthorn is specified, it is best to adhere as far as possible to that preparation.

DISPENSARY CASES.

By DR. ROBERSON DAY.

OTITIS AND OTORRHŒA.

Sydney L., age nine months, came May 14th, 1918, with a history of Broncho-pneumonia and whooping cough at five months. Since then has had much sweating about the head—the anterior fontanelle takes two finger-tips, and there is only one tooth. The child was breast fed till five months old, and since then has had Nestle's Milk. Oral respiration constant. Calc. Carb. 12x thrice daily and orange juice.

May 28. Improved, but still breathing through mouth.

June 4. Diarrhœa after each bottle and right Otorrhœa. Pulsatilla 12x 3hrs.

June 11. Otorrhœa, much right. Silica 30, night and morning.

June 18th Very much better. Not so well as now since birth. Very little otorrhœa.

July 2. Doing very well. No discharge from ear. Repeat.

VACCINIA.

Vaccination as practised at the present day is almost invariably a simple and safe procedure against

the ravages of small pox, which in un-vaccinated children is generally fatal. But occasionally, marked constitutional disturbances result as in this case:

Pierre D.— age two months, came on June 25, 1918, having been vaccinated ten days previously.

On June 24 a marked blotchy rash appeared all over the trunk and limbs. He had no sleep, and was feverish, with a coated tongue. When I examined him his temperature was 102° F. Acon. 3x. 2hrs.

June 28 he was much better. There was only a mottling of the skin where the blotchy measly rash had been. The vaccination scabs in the arm were dry. The urine stained the napkins pink.

July 5. The urine was normal, the rash entirely disappeared and the child well.

Baby W.— age 14 weeks, brought November 16, 1917, by mother, with feeding difficulties. She was breast fed until eight days before coming. She was now being fed with cows' milk, was wasting, vomiting and passing three to four greenish motions in the twenty-four hours. The anterior fontanelle was depressed. Cham. 12x. thrice daily, which was well indicated by the infantile diarrhœa and vomiting. Glaxo and apple pulp ordered instead of cows' milk. The baby's weight was 9½ lbs. in clothes, and under this treatment she gained ½ lb. in a week—a sure sign of progress.

Nov. 30. The bowels were acting normally and Cham. 12x was continued.

Dec. 7. She was pumping up her food. Always crying; passing much wind after every bottle. Puls. 12x, 2hrs. was substituted, which also has a marked action on the gastro-intestinal canal. The vomiting then ceased; there was less crying. But constipation now took the place of relaxed motions. Nux. Vom. 3x thrice daily relieved this condition on December 14, and the child was very much better. When last seen on July 12, 1918, she weighed 15 lb.

Louisa B.— age 10. Sent to the dispensary by Dr. Davidson, July 16, 1918, with a very poor flat chest and shoulder blades protruding. The heart uncovered and the apex beat very visible. The symptoms complained of referred to the heart, which was weak and

irregular in action. She fainted occasionally, and was easily tired. There was no organic disease of the heart, although she had suffered from scarlatina four years previously, and subsequently from Rheumatism. Arsen. Iod. 6x, thrice daily was given and steadily continued till October 1, when she was sent to the sea-side. She had no more faintings from the time she began treatment. Iodide of Arsenic has not been "proved," but clinically its action on the heart is most valuable. No other medicine was given in this case.

Etty V.— age 7, a delicate child, came on October 12, 1917, complaining of headache—this was found to be due to eye-strain, and suitable glasses ordered by Dr. F. C. Powell, Ophthalmic Surgeon to the Dispensary, quickly cured this condition. She was sleeping badly—restless, talking in sleep. The tonsils were enlarged, the pharynx follicular. Bellad. 6x, 3hrs. was prescribed for this cerebral excitement with benefit, and then treatment was directed to the general catarrhal condition as exhibited in the nasal passages, the catarrh of the bowel and leucorrhœa. Thread worms, so frequently found in this type of child, were dealt with by a three weeks' course of Nux. V. 3x for first week, Sulph. 3 for second week, and Cina. 3x for third week, each given three times daily.

After visiting the sea-side in the early spring she returned for treatment in July, 1918, losing weight and passing phosphatic urine. She was now given Natrum. Mur. 30 night and morning with the happiest results. The tonsils became smaller, the pharyngitis improved and generally she became more lively. I saw her last on December 13, and prescribed Sulph. 30 night and morning.

TABES MESENTERICA.

Most commonly associated with wasting diseases of children, and generally due to errors in diet. The children of the poor frequently suffer, and it is one of the ways tubercular infection shows itself. The evacuations are always very foetid—a chronic diarrhœa—imparting a peculiar but characteristic mousy odour to the child. The tissues are wasted and flabby, the

skin marbled with the veins, the abdomen is disturbed, and the irregular painful contractions of the intestines may be observed through the thin abdominal walls. The eyes are sunken, with blue areolæ, and the eye lashes are long and silky.

Willie F.—age 3, came on February 26, 1918, with a history of diarrhœa for six weeks, and had also just recovered from measles. The tongue was coated. No vomiting. Bowels open three to four times in the mornings, also during the night. Pulsatilla 12x, 3hrs. March 12 the bowels were acting much better. and formed motion of better colour in the day. The diet was a great difficulty, only war bread could be obtained, and so the condition relapsed.

On September 10, eating raw apples caused a return of diarrhœa, and Pulsatilla again improved matters. On November 19, Merc. Sol. 12x, very much improved matters, and on January 7, the last visit was made.

Francis F.—brother of above, came on March 5, 1918. Had suffered with diarrhœa since an attack of measles. He complained of abdominal pain, no vomiting, offensive diarrhœa, and three motions during the night. He also had attacks of spasmodic croup Ars. Alb. 6x, 3hrs.

March 12. Much better. Only two or three motions in twenty-four hours. The food question was a constant difficulty. No white flour could be obtained, and so the case dragged on. Ant. Crud. 12x was followed by improvement. September 17 diarrhœa returned, and Ars. Iod. 6x was given; and 25 c.c. Isotonic sea water. The condition now greatly improved. On October 25 he was very much better, and on November 8 transferred to the Sea-water Dispensary.

Chas. G.—, age 2½, sent to the Dispensary by Dr. Davidson on September 17, 1918, was the third child in the family, and had his first tooth at twelve months. He had been bottle fed by a stranger. Was very wasted and flabby; of a drab colour, with a very large pot belly. The epiphyses were enlarged, and the ricketty rosary well marked. He had twenty good regular

teeth; was passing two offensive motions a day. He only weighed 24 lb., and was unable to walk. Under Calc. Carb. 12x thrice daily he greatly improved.

LARYNGISMUS STRIDULUS.

A short time ago I received a letter: "If you will kindly refer to your case book you will find that some few years back I was indebted to you for saving my little girl's life." On reference to my notes I found the child was brought to me when 14 months old (May 3, 1913); three weeks previously she had three convulsions, when she became very "blue," and the convulsions were repeated twice on the same day.

Since the teeth have been coming she has had slight crowing breathing. It generally occurred in sleep. Her mother thought it was "saliva running down the throat." The attacks increased in severity. At 4 a.m. one day she had a very bad attack; turned black in the face. The attacks now began to come in the day as well as the night, but they continued worse at night.

Dentition was delayed—only four teeth erupted and another coming through. The whole skin was covered with an erythematous papular itching rash, (a kind of nettle rash common in infancy).

I found she was taking insufficient milk, and so I ordered two litres daily, Walker-Gordon milk. A morning salt-water special douche; abundance of fresh air and internally Calc. Carb. 12 thrice daily, and a dose of Bellad. 12 every night.

May 14. Very much better, but nine days previously had a bad attack of crowing breathing associated with carpo-pedal (wrist-foot) contractions: the eyes turned upwards; she continues to have slight attacks, turning pale round the mouth, but lasting only a few seconds. The crowing breathing in the day-time had ceased. Sleeping well from 5 p.m. to 5 a.m. Continued treatment.

On May 21 the convulsions and crowing breathing had ceased, and she only turned "pale round the mouth."

On May 28, the attacks had entirely ceased ; occasionally a little pale round her mouth.

June 19, had two more teeth.

July 7, had ten teeth in all. The progress was maintained.

On August 2, she had twelve teeth, and was gaining weight and generally improving, and on October 6 she paid her last visit.

Laryngismus Stridulus is a serious affliction, generally associated with rickets, and met with in young children under two years of age. In the above cited case there was a rickety condition. It must be carefully distinguished from spasmodic croup, which is a catarrhal condition of the vocal chords, met with in older children (two to seven), where Aconite and Spongia are absolutely specific remedies.

These are test cases for demonstrating the great superiority of homœopathy over the old ipecacuanha tonic treatment, which, though palliative, is not curative.

IN PRAISE OF HYOSCYAMUS.

Unless one knows the patient very well it is generally unsatisfactory to prescribe by correspondence. I received the following communication on October 22 : " Can you kindly send me some medicine to clear off a rather troublesome cough—that is to say a noisy cough ? I feel very well, eat well, sleep well, no fever and no pain ; only early every morning this noisy cough, which distresses my husband. I should be grateful if you could prescribe anything to clear it right away. The cough is quite loose."

Hyoscyamus 3x every 2 hrs. was prescribed, and on October 28 I received the following : " Thank you ever so much for the medicine you sent me. It is wonderful, and has quite taken away my cough, or what there is left is quite negligible, and no bother at all to anyone I am so grateful."

Continued experience with Hyoscyamus show it a most reliable remedy for an irritating cough, worse at night, and on lying down. In children it acts magically. I prefer the lower potencies. It is closely

related to Belladonna, and thus suits the excitable nervous condition of childhood, night terrors and somnambulism.

IRIS VERSICOLOR.

Tincture of the fresh root collected in early Spring or Autumn, and potencies therefrom. Triturations have been made of Iridin, a resinoid obtained from the root.

THIS drug has little or no reputation outside the ranks of homœopathists. For them however it is a remedy of swift and satisfying action, when the symptoms of a case suggest the use of it. It is said to have been much used by the North American Indians, and it was because of their praise of the drug that it was proved. Other varieties of Iris have been used by homœopathists on the basis of partial provings, but Iris Versicolor is much the most important. Iris Tenax, however, is worth mention, for it developed in the proving such marked and severe pains in the ileo-cœcal region that it has been chosen to help pain from adhesions after appendicectomy and apparently with a good deal of success.

Iris Versicolor has not been extensively tested on the healthy, but its powers as we know them are considerable. They are in the main concerned with the alimentary canal and the liver. Unless abdominal symptoms are prominent the drug is not likely to be needed. but when they give the hint for its use it will benefit severe neuralgias (facial and sciatic particularly) and certain acuter skin diseases (eczema, psoriasis). Both neuralgia and skin disease are probably to be read as results of the effect of the drug on metabolism; they are very likely caused by an auto-toxœmia induced by the profoundly disturbing effect of Iris on the liver and thus on general metabolism.

Since, then, the gastro-intestinal and hepatic symptoms are of much importance it will be well to consider

them first, for except when they are prominent in a symptom-complex it is unlikely that Iris will be useful. On the other hand, when they are marked a number of apparently unrelated symptoms may disappear under the administration of this drug.

Beginning with the mouth the symptoms to be noted are dryness and burning of the mucous membrane, and a feeling of acidity which may be intense. The lips are dry and cracked. In spite of this dryness the saliva is generally increased, but it is ropy and thick and does not relieve the burning acrid sensations. The subjective symptoms are not accompanied by any degree of obvious stomatitis, but are none the less severe to the patient. The pharynx is also dry and painful, and swallowing is difficult and may give rise to a choking cough. Cold fluids give relief, but of a very temporary character. The appetite is lost: the tongue is not as a rule very heavily coated, but feels "greasy." The gastric condition causes great pain and discomfort. It is accompanied by vomiting. Iris is one of the drugs particularly associated with persistent vomiting and nausea. The vomit is usually intensely acid, and rather watery. Occasionally it is bitter or sweetish, but acidity is the ordinary feature, and a marked one.

The vomiting is severe enough to cause prostration, and this is particularly liable to be worsened by the characteristic headache. This is a severe pain, often beginning with a blurring of the sight or some subjective interference with vision. It is frequently one-sided (right or left, but more often right); the pain is dull and pressing in character, or sharp and lancing. The head symptoms and the gastric symptoms when Iris is needed usually reach their maximum intensity together, and diminish together. The blurring of the sight if it is present precedes the other symptoms.

This symptom-complex of headache, nausea, vomiting and abdominal pain is characteristically completed by a diarrhœa of thin bilious stools, accompanied by fermentation and flatulence. Further, these crises are apt to be periodical, recurring at intervals of

a week, a fortnight, or a month.* It thus becomes evident that the condition is almost certainly one of auto-toxæmia. We can conceive that periodically some defect of metabolism (probably hepatic) allows the accumulation of certain poisons which the body proceeds to reject in a violent manner, and while they are in circulation they cause the phenomena of headache, and neuralgia or skin irritation.

Occasionally constipation replaces diarrhœa, but the latter is the more usual symptom. Indeed when vomiting is a marked feature in epidemics of summer enteritis in infants Iris may prove a most valuable remedy. There is a characteristic aggravation at two to three a.m., and there is acute abdominal pain relieved to some extent by pressure.

Mentally, patients who need Iris are despondent and irritable, the higher nerve centres being markedly irritated. After an attack the urine is usually increased in quantity, and it is reported that sugar has been found in one proving.

There are no symptoms of other parts of the body of primary importance, but, as has already been said, when gastric and head symptoms suggest Iris, the drug will often be found to relieve concomitant phenomena for which it would not have been considered had the main symptoms been absent.

Iris should be compared with Kali Bichrom and Sanguinaria. Its sphere of action is narrower than that of either of these drugs, but within its own limit it is very powerful, and cases suitable for it are met with in considerable numbers.

All potencies have been found satisfactory.

SYMPTOM INDEX.

General Symptoms: 2-3 a.m. : pressure relieves colic : fresh air relieves headache : periodicity.

Mental Symptom: Despondency with irritability.

Head Symptoms: One sided sick headache (right side more often) : violent pain : also dull throbbing headaches of forehead and vertex with constipation :

* Sick headaches associated with menstruation more often come into the sphere of action of Sanguinaria

sight blurred before sick headache, or subjective visual phenomena.

Alimentary Canal Symptoms : <Mouth dry and burning : saliva thick and ropy ; tongue greasy : lips dry and cracked : burning pains in pharynx : spasmodic choking on swallowing : loss of appetite : nausea and vomiting of thin watery fluid ; great prostration : pain in hepatic region : great colic relieved by pressure and passage of flatus ; diarrhœa thin watery, yellow : stools occasionally dysenteric : constipation.

Genito-Urinary Symptoms : Increased quantity of urine after headache : morningsickness of pregnancy.

Neuro-muscular System : Neuralgias of arm or leg especially sciatic : joint pains.

Skin Symptom : Pustular eruption : eczema : herpes : sweating.

A CASE OF "SHELL-SHOCK" CURED BY IGNATIA.

By DR. T. WESLEY BURWOOD, Aldeburgh.

IN my life of retirement from active professional duty I have occasional opportunity within my social circle of introducing the blessings of Homœopathy to my personal friends. The ensuing case is an instance of what I may style my domestic practice :

Col. H. was sent home on sick leave, suffering from shell-shock, for which he had received no systematic treatment. Soon after his arrival he paid me a social visit, when I noticed his extreme depression, and how constantly he appeared to be swallowing an imaginary lump in his throat. I made enquiry whether he was inclined to tears, and his response was in the affirmative, and added that this was most pronounced when his throat sensations were worse. The general health was that of a man with normal functions, except occasional diarrhœa of nervous origin.

I gave him Tincture of Ignatia ix, two drops every three hours for three days successively ; and as his official position was one of great responsibility, he

decided to return to his military base, taking with him a supply of Ignatia perloids to be used if and when occasion required.

I have since repeatedly heard through his friends that the Colonel continued quite well, and was very hard-worked. Since writing the foregoing I have received a visit from this officer's wife, who conveys the news that her husband is still in good health.

Could I see him now I should put him on Acidum Phosphoricum, ix, five drops thrice daily before meals for seven days, thereafter each night and morning only, for the ensuing week.

THE INDIGENOUS DRUGS OF INDIA.—In a leading article *The Lancet* of December 28th, 1918, referred to a movement begun by the Government of Bombay in the direction of establishing a pharmacological laboratory and research institute for the investigation of drugs, and more particularly the indigenous drugs of India. We have recently received a copy of a pamphlet written by Mr. J. C. Ghosh, pharmaceutical chemist in the Government Medical Stores, Madras, and published by Messrs. Butterworth and Co. (India), of Calcutta, which deals with the scientific cultivation and manufacture of indigenous drugs in India, with suggestions for the development of new industries. The resources of the country are evident when the writer points out in a list of drugs recognised by the British Pharmacopœia that 50 per cent. of the drugs are indigenous to India and Ceylon, and that nearly the whole of the rest could be cultivated. Amongst these are such valuable drugs as belladonna, digitalis, hyoscyamus, ipecacuanha, jalap, and podophyllum, but there is little doubt that the list could be extended to other plants by a plan of cultivation on the congenial soil presented by the great continent. Mr. Ghosh has done a good service in showing in what valuable directions developments could be made to go. He suggests the employment officially of a body of trained analysts and the adoption of a course of practical training in not only analytical but in manufacturing work. The latter, of course, includes the details in connection with the economic extraction of active principles—alkaloids, glucosides, and so forth. With these arrangements set on foot he sees a new opening for the educated Indian as well as the growth of a valuable industry. India, like other of our possessions, has largely relied upon the supply of drugs from abroad, and that fact was made acute when the war broke out. The Indian Government may now well turn its serious attention to the question of realising its own home botanical assets, as brought to light in the pamphlet referred to.—*Lancet*.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH FEBRUARY, 1919, TO 15TH MARCH, 1919.

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The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 19th March, at 4.30 p.m.

EXTRACT.

SPECIAL HINTS FOR THE TREATMENT OF
PULMONARY TUBERCULOSIS.*FROM MASTERS IN HOMŒOPATHY IN PRESCRIBING
SOME OF THE REMEDIES.

Compiled by DR. LUTZE.

ACALYPHA INDICA: The hæmorrhage is aggravated in the morning and bright red; but dark and lumpy in the evening.

ACETIC ACID: should be given in the higher potencies and in the single dose; repetitions are dangerous, as they may cause profuse and even fatal hæmorrhages. (Ferr.)

ACONITUM: should never be given in typhoid fever or tuberculosis, unless anxiety, mental restlessness and fear are present. Faint on rising from lying with tendency to fall over and loss of vision. (Everything turns black before the eyes). Tuberculous patients are easily shocked and then have their menses suppressed, especially in young girls, for which Aconite may be the remedy.

ALUMINA is often the remedy in the beginning of consumption, when the mucous membranes are deranged, digestion weak and assimilation imperfect. The cough is dry, as a rule, and the sputum not characteristic.

ANTIMONIUM TART. is most suitable to the extremes of life, youth and old age.

ARANEA: Bad effects of exposure and privations, causing anæmia. Dyspeptic, impoverished, scorbutic persons, whose complaints are aggravated by living in damp places, near the water or working in cellars, and from cold, damp weather.

ARSENICUM will give brilliant results in all stages of tuberculosis (and pneumonia) from the incipient symptoms of rapid emaciation with or without the

* Reprinted from a Pamphlet of Dr. Lutze, with acknowledgments.

suspicious persistent cough, to fully developed phthisis ; but to obtain that end, the remedy must not be repeated too often, which might produce fatal results. Its action is not only intense, but extensive, affecting every organ of the body, every nerve filament, from the slightest sensation to actual destruction of the organs. Its constitutional symptoms are of far greater value in prescribing, than the local.

Arsenic is usually not called for in the beginning of a disease. The tendency of this remedy is deathward. If given too early in a disease which tends to a fatal ending, we may precipitate the result we are so anxious to avoid. We must be certain that the mental state of the patient is positively that of Arsenic, or harm will be done instead of good. These mental symptoms are as follows :

1. Depressed, melancholic, despair, indifference.
2. Fearful, restless, anxious, full of anguish.
3. Irritable, sensitive, peevish, easily vexed.
4. Fear of being alone, with dread of dying, when alone, or when going to bed. Fear of death.

Bellows murmur, either from thinness of the blood, or from thickening of the aortic valves, especially if accompanied by wheezing breathing or frothy sputum, in the early stages of tuberculosis.

Like all the great antipsorics, it must be prescribed on the constitutional symptoms rather than on the local, like : Calcarea carb., Graphites, Lycopodium, Nux Vom., Phosphorus, Psorinum, Silica, Sulphur.

BADIAGA has a marked influence on the process of assimilation and herein are seen the early symptoms of tuberculosis.

BAPTISIA is suitable in all stages ; it will soothe the suffering of the incurable patient better than any narcotic. (See Euthanasia at the end of these hints.) The mental and general symptoms chiefly indicate Baptisia.

BELLADONNA : Fullness in centre of forehead, which is well rounded both above and laterally ; with precocious and brilliant mental development, often the first indication of the tubercular diathesis.

Chronic laryngitis or in the early stage of laryngeal, bronchial or pulmonary tuberculosis. Dry, hollow cough.

BORAX: Impaired nutrition from defective assimilation as shown in the aphthous condition of the mouth, aggravated from downward motion.

BROMIUM: Quick mental comprehension. Pains in the chest, stitches, cutting and weakness on right side run upward, glands enlarged and indurated, sensation of cobwebs on or fuzziness of the face.

BRYONIA: A very large proportion of cases of pleuritis, improperly treated, develop later into pneumonia, and fibroid phthisis, leaving interpleural plastic exudations, and tubercular nodules and sacculated cavities soon follow. Bryonia will absorb this exudate and remove or prevent this condition. Cutting knife-like pains in chest and abdomen, aggravated by motion.

CALCAREA CARB. Improper digestion and assimilation; stools formed containing undigested food. A history of open fontanelles, difficult dentition, head sweats profusely during sleep, abdomen large, rapid growth in youths of both sexes, epistaxis frequent and profuse in boys, frequent and profuse menses in girls; very erect in any position; fat, fair and flabby.

Consumptives of a calcareous diathesis, when abscesses form in the lungs; sputum of a putrid smelling pus. Useful in both extremes of life.

CALCAREA PHOS. Imperfect digestion and assimilation. The history of childhood and adolescence gives often the indications for the employment of this remedy. Chest affections, anal fissure and fistula. It is more frequently indicated in acute than chronic affections of the lungs.

CAMPHOR: More often useful in the later stages of pneumonia.

CANNABIS INDICA: Dullness on percussion, oppressed breathing and fever, will all disappear in a few hours or days after the giving of this remedy, in the third stage of pneumonia, that of absorption, when the

deposit is limited to the lower portion of either or both lungs ; expectoration difficult, greenish, delirium during fever, and vomiting of greenish bilious matter ; cough frequent, teasing, dry at times, and hard, even incessant, oppressed breathing.

CARBO VEG. : Persons who have suffered from exhausting diseases, diarrhœa, hæmorrhages, profuse sweats, or suppurations. Give Carbo veg. till reaction is established.

CAUSTICUM : Laryngeal phthisis of catarrhal origin, beginning in the larynx and trachea, descending into the bronchi and terminating in tubercular cheesy degeneration of the apices. Patients are cold, have cold (not clammy) feet and sweat on walking in the open air. Chilliness and sweat often alternate.

CHINA : Exhaustion after loss of vital fluids (Ferrum, Phosphor.) It is useful in all stages.

CORALORHIZA, odontorhiza of Nickell's Botanical Ready Reference : Chicken toes, dragon toes, coral root, scaly dragon's claw, fever root, turkey claw, Crawley root.

This remedy has not been proved, the symptoms are clinical ; it was introduced by Dr. Waddel of Wauson, Ohio, the author received the following symptoms from the late Dr. H. C. Allen of Chicago : coralorhiza (Crawley) : Hectic fever, coming on at 9 to 10 a.m. and lasting till midnight. Intensely nervous and restless, burning of the palms and soles, no thirst, no chill or perspiration. Can bear only the slightest covering, while the fever is on, even in winter ; but after midnight he can be covered and sleep well. The fever is promptly relieved, without leaving any prostration after it.

DROSERA : It is a specific for laryngeal phthisis, the only remedy needed, providing there is no specific base, such as syphilis or sycosis.

DULCAMARA : Phlegmatic, scrofulous constitutions, restless, irritable, subject to catarrhal, rheumatic or skin affections induced by cold, damp, rainy weather, or by sudden changes in hot weather, as hot days

followed by cold nights ; hæmorrhages, blood watery, bright red, epistaxis, hot clear blood, worse after getting wet.

FERRUM : Like Acetic acid, predisposes to serious and often fatal hæmorrhages ; weakness, amounting almost to paralysis of the entire body or of single parts, violent pains in the limbs, abdominal affections, vomiting of food by day or night, phthisical affections, with spitting of blood, suppression of menses, sterility of both sexes, impotence, jaundice, etc.

FERRUM PHOS. : Purring sound (as of cats) in the chest. Hæmorrhage preceded by a bubbling sensation in the chest, with nausea, chills and oppressed breathing.

IODIUM : Rapidly growing youths of both sexes, emaciating though eating well (Calc. carb., Phos.) ; cough, with tickling in every part of the lungs, desire to uncover the head (Lycopod.).

KALI CARB. : Persons suffering from ulceration of the lungs, can hardly get well without this great antipsoric remedy. This has often been verified in neglected or improperly treated pneumonias, where the rapid degeneration threatens to terminate into acute phthisis ; darting, stitching pains in the chest in the later stages of phthisis, where nodules of tubercles and sacculated cavities are first detected. Here Kali carb. will often become indispensable, and, like Lycopodium, cut short what seems to be a well marked case of tuberculosis and restore the patient to perfect health.

LACHESIS : Tuberculosis after a attack of pneumonia or typhoid fever.

LYCOPODIUM : Deep seated affections of the lungs and pleura (Bryonia, acute affections of lungs and pleura) and it vies with Kali carb. in ulceration of the lungs. Gradually increasing chronic or subacute affections of the lungs, pneumonia in the stage of hepatisation, or the suppurative stage of hepatisation, tubercular affections accompanying or following improperly treated pneumonia or pleuritis, attended with hemoptysis and purulent expectoration, or

pneumonia and pleuritis with effusion occurring during tuberculosis, *Lycopodium*, if properly administered, may produce a perfect cure.

Boys mentally active, but body feeble and emaciated.

MYRTUS has relieved the distressing chest pains even in advanced stages of tuberculosis, where Acetic acid, *Ferrum*, *Phosphorus* and *Sulphur* would be dangerous.

NATRUM SULPH. : Gonorrheal, sycotic constitutions, worse in wet weather ; asthma from every change from dry to damp weather, which may finally turn into bronchial or pulmonary phthisis. The sycotic diathesis must first be corrected, ere the pulmonary affection can be cured, which may require *Natrum sulph.* or *Thuja*. These hold the same relation to sycosis as the antipsorics do to syphilis.

PHOSPHORUS : This is one of our greatest remedies in pneumonia, (*Acon*, *Arsen*, *Bryonia*,). In tuberculosis it is best suited to the early stage to correct the diathesis, before the tubercles have deposited. In the late stage of pneumonia, the face often becomes of a suffused, dusky red colour.

PSORINUM : This is about the only remedy that will eradicate the psoric diathesis, upon which hay-fever depends, but it must be prescribed upon the totality of the symptoms, and not upon the diagnosis of hay-fever.

PULSATILLA : Girls who date their illness to the beginning of menstruation, have never been well since ; delayed or scanty menses ; hæmoptysis or hæmorrhages of dark blood. Anæmia and chlorosis occurring at puberty.

SAMBUCUS : Signs of a cure : profuse urination, itching and exfoliating of the skin.

SANGUINARIA : Fever and hectic of bronchitis, pneumonia or consumption. Fever at 2 or 3 p.m. daily, with bright circumscribed redness of the cheeks ; sputum and breath very offensive, even to the patient himself. Gastric symptoms predominate.

SILICA: Like Calcarea, is more frequently called for in infancy and adolescence than in middle life and old age, for those who suffer from imperfect assimilation; the head is very large, fontanelles, especially the anterior, open; abdomen hot and swollen; body emaciated. Profuse, offensive, sour sweat on head, neck and face; delicate skin, pale waxen, earthy yellow skin of the face; child had difficulty in learning to walk on account of poorly developed muscles and bones. If such a history of childhood is obtained, then Silica will prove to be the remedy in most all chronic diseases of adult life. Silica is the chronic of Pulsatilla.

SILPHIUM: Humid asthma, chronic catarrh of the entire respiratory tract; chronic, loose cough, sputum albuminous, glairy, watery, tough, ropy, stringy, tasteless, profuse mucus, floating in a thin, watery mass. Exhausting night-sweats, and profuse mucous discharge in the last stages of phthisis, where Acetic acid, Ferrum, Phosphor., Stannum and Sulphur might cause dangerous and even fatal aggravations.

SPONGIA: Enlarged glands; a history of croup in childhood, (Brom, Calcarea carb., Hepar, Kali bi., Sambucus)

STANNUM: Sad, low spirited condition, and weeping, like Pulsatilla. Catarrhal, scrofulous consumption, with the above mentality.

SULPHUR: Hot flushes, empty, gone, hungry feeling in the stomach at 11 a.m., vertex hot, cold feet with burning soles at night, must expose them from under the covers; sudden, imperative diarrhea at 5 a.m. A history of psora or repelled eruptions; defective reaction. An eruption is repelled or dried up by external applications; years after, another disease (not necessarily a skin disease) perhaps pneumonia, due to exposure or a cold, is contracted. The eruption suppressed years before, so modifies the pneumonia, that it is incurable until the same has been re-established in the skin. For this purpose give Sulphur, and then the remedy which was indicated before, but failed to act, will produce a prompt and perfect cure.

" If pneumonia is not complicated with other diseases, then generally there comes a period when the febrile symptoms subside, the pains and dyspnœa cease, in short the patient himself feels greatly relieved as soon as infiltration becomes complete. At this period art can have no other problem than to support nature, when she, for the sake of removing the exudation, increases the activity of the process of absorption ; or on the other hand, to oppose nature, in case she shows a disposition to get rid of the pneumonic infiltration by a purulent degeneration. Now no remedy yet proved, corresponds so well to these indications as Sulphur, none compares with it in point of certainty and celerity of action. Sulphur penetrates the entire system in its finest and most remote portions, it increases the activity of vegetative life generally and the process of secretion and absorption in particular, accelerates the interchange of elements and makes it more pervading ; in a word : it fulfills all those demands upon which the removal of an abnormal product is conditional. Upon these grounds we apply Sulphur for the removal of pneumonic infiltration and of serious exudation of old as well as of recent deposits in the skin, parenchyma, the joints and bones."

Tuberculosis frequently supervenes upon pneumonia and pneumonia often occurs during the progress of tuberculosis, and frequent attacks of pneumonia almost invariably terminate in tuberculosis.

CORRESPONDENCE.

[TO THE EDITOR OF " THE HOMŒOPATHIC WORLD."]

DEAR SIR,—I have read with the deepest interest Dr. Burford's timely article " The Coming Reconstruction," and it must be a matter of gratification and encouragement to the adherents of Homœopathy to feel that the subject is being grappled in an energetic manner.

Dr. Burford pleads for an informed public opinion :

this is the way to the progress of Homœopathy ; educate the laity so that a demand arises for homœopathic treatment that will prove irresistible to-morrow, to those who oppose it to-day.

But how ? the issuing broadcast of literature is one way, but is it enough ?

I have noticed books on Homœopathy when visiting friends, which have possibly been in their possession many years, yet on questioning them find they lack the most elementary knowledge of the subject.

The holding of lecture courses, excellent in their way, reaches but a fraction of the population.

May I, in all deference, suggest a plan which I think would reach the masses ?

The institution of information bureaus in prominent positions of large cities, where all enquirers could be verbally enlightened on the subject of Homœopathy.

Speaking from personal experience of pioneer work in another sphere, carried out on the above lines, I venture to predict that, in energetic hands, the results would be astonishing.

I earnestly commend this suggestion to the British Homœopathic Association who, I believe possess the organisation for launching such a scheme.

I remain,

Yours very truly,

15, Darenth Road
Stamford Hill, N.16.

EDWARD BARNETT.

14th March, 1919.

[Our correspondent forgets that it would be difficult for such bureaux to avoid the appearance of advertising certain physicians ; a very undesirable result.—ED. H.W.]

VARIETIES.

HORMONES IN THE CLIMACTERIC.—The work of Seitz, Wintz, and Fingerhut has led them to believe that ovarian extract is only potent in so far as it contains certain chemical bodies present in the corpus luteum. Two of these have been isolated, *Luteolipoid* and *Lipamin*, both of which have a specific influence on menstruation,

the one acting as a hæmostatic, the other encouraging the flow of blood. The firm of "Ciba," in Basle, has put preparations of both of these drugs on the market in tablet form—*Sistolomensin* containing *Luteolipoid* and *Agomensin* containing *Lipamin*. In the *Correspond. bl. f. Schw. Aertze* for Oct. 26th, Dr. O. Burckhardt-Socin, of Basle, records his experience of *Sistolomensin* in five severe cases of climacteric disturbance—flushing, palpitation, sweats—and in two cases of excessive loss at the onset of menstruation in young girls. In each case the symptoms were rapidly relieved, and success in these led the author to try the drug in a case of bleeding fibroid which he would otherwise have sterilised with X-rays. Bleeding and pain were both rapidly relieved, and Dr. Burckhardt-Socin recommends a trial of the hormone to his colleagues in similar cases. If further experience should prove the truth of these observations this method of treatment may prove of great value. It is important however, to remember that there are many authorities who maintain that the internal secretion of the ovary is manufactured not only by the corpus luteum but also by the atretic Graafian follicle cells which have a structure identical with that of the lutein cells. For this reason it would appear probable that preparations made from the whole ovary are more likely to give constant results than those made only from the corpora lutea. As we are quite ignorant whether the secretion of the ovary acts directly on the organism or acts by balancing or influencing the secretion of other internal glands, any conclusions drawn from clinical experience possess many possibilities of error. A further serious drawback hitherto has been our ignorance of the chemical nature of the secretion of the ovary. If the bodies now isolated can be shown to have a fixed composition, and the results obtained are found to be constant, a very definite addition will have been made to our knowledge. It is interesting to note that some gynæcologists are in favour of ovarian extract from which the corpus luteum has been entirely excluded. Indeed, one of the difficulties in admitting the action claimed for the corpus luteum extract lies in determining in what degree of development the corpus luteum is at any given time, as it is impossible to tell by inspection whether a corpus luteum is in process of formation or of involution and disintegration. Many observers, in treating the symptoms of vasomotor disturbance following the removal of the uterus have been struck by the conflicting results obtained in different cases by the administration of corpus luteum extract, a result which may be explained by the antagonism of the two substances now isolated if one or other happens to be in excess. We hope that other practitioners who have an opportunity of using these preparations will publish their results, so that further light may be thrown upon this interesting method of treatment.—*The Lancet*

HELIO THERAPY IN AFRICA.—Heliotherapy has been principally practised on the continent, and only to a small extent in this country, partly because of less favourable climatic conditions and partly from want of appreciation of its value. In the *South African Medical Record* for July Dr. J. F. Haegert has reported

remarkable results in South Africa, of which the following are some examples :—

An emaciated woman, aged 32 years, suffered from attacks of abdominal pain. The urine contained tubercle bacilli, which on catheterisation of the ureters were found to come from the right kidney. As an alternative to nephrectomy sun treatment was suggested. In two months she gained 15 lbs. in weight and in a year was apparently cured.

A boy, aged 6 years, had been treated in hospital for tuberculosis of the hip by extension and fixation. He was pale and flabby and had a high evening temperature after any exertion. The head of the bone was eroded and there was shortening. After a few weeks of sun treatment he discarded his crutches and got about comfortably. After a few months he was robust and sturdy and apparently cured.

A Basuto, aged 40, had a rheumatic stiff hip-joint, with atrophy of the thigh muscles. After four months of sun baths, with massage, the hip-joint was quite free and the thigh muscles were normal.

A man, aged 52 years, had severe sciatica, with effusion into the knee-joint. The thigh muscles were flabby and atrophied. Sensation was practically absent in the three middle toes. He had been treated for eighteen months by various practitioners in the large towns and operation on the nerve had been strongly suggested by one. He had tried different baths in the Orange Free State. The result was that he was bedridden and in constant pain. After a short period of sun treatment, with massage, he was a different man and could look after his farm work.

In early cases of tuberculosis cure was practically invariably obtained. In beginning sun treatment the first thing to do is to remove the coverings and confining apparatus and restore light to the atrophied limbs. By gradual stages the patient is trained to live in the open air and to tolerate prolonged exposure to the sun. Dr. Haegert recommends that the sun-bath be taken in a rectangular enclosure about twenty by ten feet, the long axis pointing east and west, the sides made of reeds, mealie stalks, or zinc. The patient is clad in some white material and the head is protected with a white hat or an umbrella fixed to the bed. Dark glasses are worn to avoid the dazzling light. Irrespective of the locality of the disease, isolation is always begun on the lower limbs. Sunburn should never be produced. On the first day only the feet are exposed, next day the legs to the knees, then to the groins, then the abdomen, and finally the head and neck. As pigmentation advances precautions, at first essential, become superfluous, and daily insulations of four to six hours are given. Patients vary in the tolerance of the exposure. The rule is : Expose the patient as long as he bears it with pleasure and without lassitude.—*Lancet*.

TREATMENT OF GANGRENE OF THE LUNG BY INDUCTION OF PNEUMOTHORAX.—The treatment of gangrene of the lung remains disappointing, in spite of much research given to it both on the

medical and surgical side. Excision has proved too dangerous even in the most skilful hands. At a recent meeting of the Académie de Médecine of Paris, M. P. Émile Weill claimed good results from the induction of pneumothorax. This procedure, which has found an assured place in dealing with caseating lung tissue, is alleged to act on the gangrenous focus by causing its discharge with formation of a cavity, the walls of which subsequently adhere to one another, the patient being cured in a short time. For the practice of this treatment it is necessary, as soon as the diagnosis is made, to examine the affected lung with the X-rays, which will show the position of the focus and the condition of the pleura. In one of M. Weill's cases there was a large serous effusion, but usually the pleura contained only a few cubic centimetres of serous or sero-hæmorrhagic fluid. It is then easy to remove the fluid and insufflate under the control of the screen. In the rare cases in which the pleura has not reacted with effusion nitrogen is injected into the potential pleural cavity under manometric control in the same way as for the treatment of pulmonary tuberculosis. If there are pleuritic adhesions the injection would be performed at a point where the lung is not adherent, and it probably would not be difficult to break down fresh adhesions. M. Weill generally found it necessary to renew the pneumothorax after a few days. This is not surprising in view of the fact pointed out in our present issue by Dr. Claude Lillingston that irreparable harm may be done by too long spacing of the injections, while their frequent repetition appears to be quite free from risk. In pulmonary gangrene, when a complete pneumothorax is produced M. Weill finds that the temperature falls, the expectoration dries up, the fœtor of the breath disappears, and a complete cure, functional and anatomical, which may be followed on the screen, is brought about in less than a fortnight. Even when other gangrenous processes complicate the pulmonary gangrene, temporary improvement results. The temperature then falls for a short time but rises again, in spite of the cessation of the expectoration and fœtor, and the fatal progress is resumed. It is therefore important to diagnose pulmonary gangrene early, and to intervene before complications have transformed a curable into a fatal malady. The method may be assisted by the usual medical treatment. In the case of a man suffering from pulmonary gangrene complete radiographic and clinical cure was produced in eleven days. Pneumothorax was twice induced at an interval of five days. The first operation led to the formation of a cavity with fall of temperature, the second to cessation of expectoration and apyrexia. In another case there were the complications of serous pleurisy and gangrenous pericarditis. The pneumothorax suppressed the pulmonary disease, cicatrization of which was found beginning at the necropsy, but the cardiac complication was not influenced, and after a brief improvement it proved fatal. Gangrene of the lung is fortunately a rare condition, but M. Weill's experience should direct attention to a possibly effective method of dealing with it.—*The Lancet*.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

- | | |
|---|--|
| <p>Forster (Emily L. B.). <i>How to Become a Woman Doctor.</i> With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.</p> <p>Hart (Bernard). <i>The Modern Treatment of Mental and Nervous Disorders.</i> A Lecture delivered at the University of Manchester on March 25th, 1918. Cr. 8vo, p. 28, boards, net 1s. ; 1s. 6d.</p> <p>King (F. Truby). <i>Natural Feeding of Infants.</i> With an introduction by J. S. Fairbairn. Cr. 8vo, swd., pp. 33, net 1s.</p> | <p>Lukis (the late Surgeon-General Sir Pardey and Blackhaur (Col. R. J.). <i>Tropical Hygiene.</i> 2nd impression of 3rd ed. revised and enlarged. Cr. 8vo, net 6s.</p> <p>Rose and Carlless's <i>Manual of Surgery for Students and Practitioners.</i> 9th ed. 8vo, pp. 1,408, net 25s.</p> <p>Shera (A. Geoffrey). <i>Vaccines and Sera Their Clinical Value in Military and Civilian Practice.</i> With an introduction by Sir Clifford Allbutt. 18mo, pp. 247 net 7s. 6d.</p> <p>Stewart (G. N.). <i>A Manual of Physiology</i> 8th ed., 8vo, pp. 1,269, net 21s.</p> |
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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the **MANAGER** of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr. Barnett, London—Mr. E. Frost, Chelmsford—Dr. Compton, Crawshawbooth.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med. Fran Homöopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.—
North American Journal of
Homœopathiy.

The Homœopathic World.

CONTENTS OF MARCH NUMBER.

The Needs of Lancashire.

Quinine and Malaria.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS :

Some Remarks on the Coming Reconstruction from a Homœopathic Angle of Vision. By Dr. George Burford.

Iodium.

A Note on Psorinum, By Dr. Ralph H. Bellairs.

SOCIETY'S MEETING :

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th January to 15th February.

EXTRACTS :

Preliminary Report on the Presence of a Filter-passing Virus in Certain Diseases, with especial Reference to Trench Fever, Influenza and Nephritis.

Concerning Malaria.

Tetanus without Trismus.

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents.

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THE HOMŒOPATHIC WORLD.

MAY 1, 1919.

THE PROBLEM OF TUBERCULOSIS.

WE have the honour in this number to reprint an article on this subject from the *Lancet* and desire to call special attention to it. The "HOMŒOPATHIC WORLD" has a non-medical public as well as a medical one, and this is a problem upon which not only physicians but all citizens should have clear opinions and for which they should have every encouragement to found opinion upon knowledge. We offer the article as a contribution to this knowledge, and hope that our readers will consider it well.

Homœopathy has no cause to be ashamed of its power over tubercular diseases. Desperate as are severe cases of this sickness, many even of them can be helped, and in lesser degrees of severity the disorder can be met with a large measure of success by the "similar" remedy.

It is highly desirable that our work in this regard should be co-ordinated and amplified. We should definitely set aside some part of our hospital energy to this specific problem. Then in ten or twenty years we might have results to show which would be of inestimable value. We commend the thought to the younger and more eager of our physicians.

NEWS AND NOTES.

NEW BACTERIOLOGICAL CONCLUSIONS.

SIR Almroth Wright's lectures on the lessons of the war should be studied by every medical man. At the moment we note with special interest that there seems a definite tendency no longer to regard vaccines as entirely specific to their corresponding diseases. This has a deep interest for homœopathists who have long found nosodes useful outside their own specific spheres, also Sir Almroth's experiments on immunisation in the test-tube may prove of the utmost significance.

SISTER TIDDIE.

- WE have much pleasure in congratulating Nurse Tiddie on her appointment as Sister to the Gynæcological ward at the L.H.H. The success is the more noteworthy as there were two other very strong candidates. During the war, Sister Tiddie earned the distinction of being mentioned in dispatches.
-

BRITISH HOMŒOPATHIC CONGRESS FOR 1919.

THE Council of the Congress has decided to call the first meeting of Congress after the War, for September 25th—26th in the current year, and the place of meeting is London.

The subjects scheduled for consideration and discussion are of unusual interest and importance at this juncture, and the Council confidently trusts that the traditions of Congress in the years immediately preceding the War will be sustained and amplified.

All homœopathic physicians are invited to note the date in their engagement books, and to make the requisite arrangements for attendance.

The customary programme of Congress business will be issued as soon as possible.

GEORGE BURFORD.

Secretary and Treasurer.

DR. SIMPSON.

DR. Simpson had retired from active Practice since 1904, but in the dearth of helpers at the Liverpool Hahneman Hospital, he has joined the staff, and taken up dispensary duty, and is now residing at "Erstwood," Blundellsands, near Liverpool, so as to be near the scene of his labours.

INFLUENZA.

THIS letter to the *Lancet* seems to us to need no comment.

SIR,—I have always looked upon the hypothermia which follows influenza as quite the most important and dangerous symptom. Indeed, I have thought it to be almost pathognomonic, and was quite unprepared to learn from Dr. Samuel West's letter in *The Lancet* of February 1st that it is not widely recognised. I have never even heard it disputed, and had taken for granted that it was familiar to practically every member of the profession. The high temperature, I have found, will usually go down of itself, but the low temperature which follows is far more dangerous and difficult to deal with, and renders the patient specially liable to complications. This fact is, of course, a strong argument against the use of any depressing remedies in the early stage. I believe that the treatment by antipyrin, which was at one time very prevalent, has been responsible for a great many fatal cases.

I am, Sir yours faithfully,
J. FOSTER PALMER.

ORIGINAL COMMUNICATIONS.

THE FUTURE OF THE TUBERCULOSIS
PROBLEM.*BY P. C. VARRIER-JONES, M.A. CAMB., M.R.C.S.,
L.R.C.P.*A Paper read before the Royal Institute of Public Health.*

IN his opening remarks the speaker said :—I will attempt to deal with a part of the problem only—a part in my eyes perhaps assuming undue proportions and importance, but a stone which, if built into the building we are all striving to erect, may assist in strengthening the structure and help to make the work of others easier and its completion somewhat nearer of attainment. A broad view of the whole of our problem is essential, but at bottom the problem is one of the individual. One consumptive may resemble another in the extent of the lesion in the lung, but differences of temperament, character, social position, not to mention varying degrees of resistance to the disease, exist and have always to be considered. Of course, the problem has its financial side, and a very important side it is, but it cannot be insisted too strongly that the question at issue is of far greater complexity, and unless this is recognised all our calculation is work in vain. All of us are aware of the extent of the problem. The question is, can we prevent the spread of infection without which there can be no further extension of the disease?

INADEQUACY OF PRESENT MEASURES.

It is unfortunately necessary at this stage to clear the ground somewhat, for there still exists at the back of the minds of some a doubt as to the infectiousness of the disease. We here, no doubt, are firm believers in the infectivity of tuberculosis—that it is contagious, that the spread of human tuberculosis (*i.e.*, infection with the human bacillus) is by direct, or in some cases indirect, means from one human being to the other. We

* Reprinted from the *Lancet* with every acknowledgment.

give this hypothesis our lip service. Our words do not come up to our faith. We have certainly honoured the statement, but in the breach rather than in the observance. How often do we hear that the chief *rôle* of sanatoriums is that of education ; that the patients who are discharged after a short stay have been instructed in the way of life and know how to live a life perfect in hygiene and adapted for the prolongation of working days. But what opportunity have they to put the precept into practice ? Are not veritable sources of infection everyday, sent broadcast over the land ? What steps are taken to prevent the spread of infection when we allow these unfortunates to wander at will ? No doubt we keep the spark of life alight by small doles of money or food, we find underpaid jobs for them, we allow them to be exploited in the labour market, and we give these endeavours a name of high-sounding quality and call it " After-care."

We all know how rapidly a consumptive who has had treatment at a sanatorium descends the social scale. The interval between treatment in an institution and the case becoming " advanced " is often very considerable, and it is throughout this time that nothing, absolutely nothing, adequate is done to prevent infection. Of course, I shall be told that I have forgotten our important service of health visitors and sanitary officials, who are daily making strenuous efforts to prevent the spread of infection, and with much labour are paying daily visits to the homes of these people and instructing them in the way they should go. I agree, but they are engaged on a superhuman task ; the patient's life is so varied, the circumstances so changeable, that it is impossible to secure an amount of supervision that can have any appreciable effect upon the spread of infection.

The middle case, coughing often—whether at work or in the home, or in places of amusement—is an ever present source of danger, and, unless sufficiently isolated, must be a centre from which dissemination of the disease takes place. The treatment—a term as elastic as it is vague, for in its true sense it can have no meaning when it refers to a consumptive patient in

bad surroundings—is of no avail in preventing the spread of infection.

THE DIFFICULTY OF THE PROBLEM.

If it were our object to perpetuate the disease, there could surely be no more certain method than the one we now adopt. We have, indeed, adopted a faith blindly, or we do not accept a faith we profess. To say that it is difficult to convert our faith into works is to beg the question. That it is difficult should not make us shut our eyes and go gaily on in the opposite direction.

It may, of course, be the fear that after all we are not quite sure that the disease *is* infectious, for what is the evidence? Or, again, it may be the knowledge that the task to which we have put our hand is, indeed, impossible of attainment. In other words, we accept it as quite impossible to control the sources of infection, and that these sources are so numerous and unknown that no method of segregation could be devised to include not all, but even a small proportion, of them.

Is it a fact, for example, that just as there are carriers of the germ of diphtheria, so there are carriers of the tubercle bacillus, who go through life without any symptoms which might at any time attract attention, and yet are the means of handing on the disease to several, nay many, persons. I might illustrate the point by a concrete example. A Cambridge undergraduate, a fine athletic man, developed what was diagnosed as an attack of influenza. Its course was prolonged and there was cough and expectoration. The sputum was repeatedly examined, with negative results. The patient recovered completely. Some months afterwards he suddenly coughed up a mass of sputum, and being of a curious turn of mind brought it to the pathological laboratory with a request that it should be examined. Under the microscope the specimen was almost a pure culture of tubercle bacilli, so numerous were the rod-shaped organisms. The patient was apparently in the best of health.

It may be argued that such a case would be very difficult to discern, very difficult to isolate, and it may

well be, that amongst the well-to-do, those who live under the best conditions, the disease is spread by such an individual as I have just described.

TUBERCULOSIS DOES NOT WEED OUT THE UNFIT.

That insanitary houses, want of food, lack of the necessities of life are not the only predisposing causes of tuberculosis seems clear, for tuberculosis takes its toll from the rich as well as from the poor, from the athletic as well as from the poorly developed. This leads me to another point. It is often argued that tuberculosis is the great means adopted by nature to weed out the unfit. Such a statement is grossly inaccurate; it has done incalculable harm in preventing our legislators and the public at large from seeking the adoption of right methods of dealing with the problem. Tuberculosis never has been, and never will be, the means of improving the race—no disease has ever helped to such an end, and no disease ever will. It is the victim of tuberculosis, when that disease has worked its will, and not until then, who is the unfit. He has been made unfit by the disease, he was not unfit before he was attacked.

Recently, making a careful examination of the histories of all the patients admitted to the Cambridge-shire Tuberculosis Colony, it came as a surprise to me to find how high was the percentage of men who had led an athletic life before they were attacked by the disease. Many were conspicuous for the skill they had once displayed either on the football field or in some other strenuous pursuit. Looking back at one's own undergraduate days one is struck by the news of the illness, or even in some cases of the death from tuberculosis, of those whose physique was universally admired and whose prowess in athletics was specially commented upon.

Again, amongst soldiers discharged from the army suffering from pulmonary tuberculosis it is the exception to find that those who are admitted for treatment are those who were placed by the Recruiting Medical Boards in Grade 3. Upon investigation it is clear that the men who are now invalided out of the Army on

account of tuberculosis are those whose physique was particularly good, and whose general condition gave no easy or obvious clue to the presence of a lesion of a tuberculous nature in the lung. Would it not be well that this investigation should be prosecuted in other localities? Were this done I have little doubt that my Cambridgeshire results would be confirmed.

We know that those who have an exceptionally well-developed brain, those endowed with mental capacity far above the average, fall a prey to the disease in no fewer numbers than do those not so endowed. We have merely to call to mind such names as John Adington Symonds, John Richard Green, Shelley, Keats, Chopin, Mozart, Robert Louis Stevenson, Jane Austen, Charlotte Brontë, and Washington Irving, amongst a host of others, to convince ourselves that if the brainless ones are often attacked by the tubercle bacillus, those to whom genius has been attributed are attacked in equal, if not in greater, proportion.

Look at the question how we will, we are forced to the conclusion that the tubercle bacillus is no respecter of persons, the strong and the weak alike are attacked; there is no question of any special susceptibility of the feeble and the weeding out of such in order that the race may be improved. The error so widely promulgated has done incalculable harm.

THE METHOD OF ATTACK.

The crux of the question is the problem of the "middle case." First the spread of infection must be limited. Our energies should be concentrated not so completely on the symptoms of the diseased—those who have well-defined symptoms and signs, in whom the lung tissue has broken down and by whom the bacilli are freely expectorated—in futile attempts to "cure" individuals. Rather must we devise and press forward a comprehensive scheme whereby the individual for whom we are arranging to care shall be placed in a position in which he may have the advantages of treatment which may bring about the arrest of the disease, whilst at the same time he shall be rendered inert as an

infective centre to the community. When we as a community realise that the segregation of consumptives during treatment can be made a practical proposition we shall have advanced a long way towards the elimination of infection. The advice to treat early cases is excellent, but until the mass of medical knowledge accumulated is sufficient to ensure this advance, little progress along these lines can be made, though all efforts to attain it should be encouraged.

The greatest difficulty met with in carrying out after-care of the majority of these "middle" cases is the provision of suitable employment and occupation for them. Any frequently recurring breakdown, any lack of sustained energy, any want of power and physical force must unfit the worker to "carry on" under the ordinary work-a-day conditions in which the normal person works. No one realises this more fully than does the consumptive. Why, then, does he try to exist under such conditions? Simply because there are no others under which at present he can exist. No practical proposition has been placed before him. To maintain these cases in moderate health the equivalent of a living wage they must have, although they cannot be employed when a profit-and-loss sheet has to be drawn up and balanced. We cannot expect them to be a paying proposition. I have always maintained, and I believe that I have been justified in maintaining, that the labour of a middle case of consumption must be subsidised, and that many of our failures in the past have been due to the fact that, consciously or unconsciously we have always taken the consumptive at his face value. We have been too much influenced by appearances and feel that he ought to do more work than can really be expected of him.

We have only to glance at a group of consumptives to feel almost convinced unless we are "on guard" that they are a group of slackers. They appear so fit. Yet on applying the stethoscope our opinion is, or ought to be, instantly modified. Patients suffering from epilepsy are utterly incapable of earning a living under present economic conditions; a consumptive with moderate disease is in exactly the same position. We

must bring our minds to realise this. When we have also educated the consumptive to realise this, we shall soon recognise that both from the individual point of view and from that of the community *we must call into existence a set of conditions suitable to the patient's needs.*

Such conditions are to be found in a colony. We must realise, difficult though that may be, that the medicine of yesterday has been satisfied with the treatment of symptoms, with the relief of individual suffering. In tuberculosis, at any rate, is it not time we started at the right end, to give up trying to heal symptoms, to catch up in a losing race ?

PROVISIONS REQUIRED AT COLONIES.

Colonies to be successful, to meet present needs, must include the sanatorium or rest house, and must extend the activities of sanatoriums both downwards and upwards. They must receive advanced cases that will not consent to enter a home for the dying, but will grasp at the last straw of hope such as can be held out at a sanatorium. Opportunity for healthful work and healthful surroundings must be offered to those unfortunates who can no longer compete with the fit men in the world at large.

The early cases receive treatment and training, and with the added inducement of remunerative work may be kept under prolonged treatment and fitted to return to the world with the disease arrested. But the whole system must be linked together into a concrete whole. The usual conception of a colony is a place where tuberculous cases can be sent, there to work for a wage which is little more than pocket money, but where there is no room for cases that present any physical signs of disease. Indeed, so limited becomes the selection, due to the rigid medical examination, that few cases can be submitted to this special building-up process ; and when to this is added the enormous difficulty of persuading a man to undergo training while a wife and family live on the bare necessities at home, we see that if this conception be accepted the scheme must be of very limited scope, more limited even than that

of the sanatorium. When, further, we consider that no practical man believes that he can be trained as a practical farmer or small-holder in a few months, and that even twelve months is not sufficient, we begin to appreciate the reason that so few men will consent to undergo the ordeal.

We know and they know that a poorly trained man stands no possible chance of earning a living wage in the open labour market, and a poorly trained consumptive even less. It is obviously far better for such an early case (I am speaking of the tubercle-free patient, devoid of physical signs—the usual candidates for such a colony) to be so financed by an after-care association on the Cambridge principle that he may continue to work at his own or some allied trade. As yet he is not a danger to the community; when he does become so, if under dispensary supervision, he can be persuaded again to enter an institution.

(To be continued).

HOMŒOPATHY.*

BY DR. M. TYLER.

I have been asked to talk to you a little about Homœopathy . . . First of all,

What is Homœopathy?

It is a system of medicine.

It is more. As a matter of fact, it is the only system of medicine that aims at directly curing disease conditions.

It is the only system of medicine that works by law

It is scientific medicine.

All modern discoveries as to the way in which drugs act go to confirm the Laws of Homœopathy. Great discoveries are at last being made outside our ranks, where men of science are simply discovering Homœopathy all over again, a hundred years late, for themselves. But it is Homœopathy! They are proving Hahnemann's Laws of cure up to the hilt. They are demonstrating the truth of his teachings under

* A paper read at the Annual Meeting of the Ladies Guild, London Homœopathic Hospital, March, 1919.

the microscope. Science can never disprove what is true ; it only crowns it with fresh and striking proofs.

First of all, a word about Hahnemann . . .
“the man to whom God revealed his good gift, Homœopathy.”

Hahnemann was a Saxon : and a very gifted, very poor, very hard-working Saxon. All his long life (of nearly ninety years) he toiled and slaved ; and till nearly the end without recognition. He was one of those with a high mission who are literally “driven of the Spirit.” They are allowed no rest. Remuneration, glory, fame, are nothing to them. They just “serve their generation by the will of God.”

His life of toil and study began very young for he was teaching Hebrew at the age of thirteen. At twenty years old (when in spite of great opposition, he started his University career) he already knew eight languages—German, Arabic, Hebrew, Greek, Latin, French, Italian, English. That boy of twenty was no dullard, and had not wasted much time !

He was poor. His talents gave him free tuition at Leipzig University, but he had to earn his daily bread while studying medicine. The way he managed was this . . . Every third night he sat up all night, translating scientific works. This sitting up one night out of every three, to work, became such a habit that he continued it for more than forty years. How many of us would give up one night in every three for forty years to work hard ? Think of it : all the world asleep, and that man working on, through the chill, dark, lonely hours, by smoky candle light : first for his scanty livelihood, then for livelihood for wife and children ; translating scientific treatises ; inditing treatises of his own ; then with keen interest . . . triumph, working out and proving the Laws in Medicine that God had revealed to him in those long dark hours when all the world, else, slept. What does Longfellow say ?

“The heights by great men reached and kept,
Were not attained by sudden flight,
But they, while their companions slept,
Were toiling upwards in the night.”

Limiting hours of work, limiting out-put, limiting energies, "Ca' canny" never makes men (or nations) great or prosperous. You will never get anything great out of big wages for small work. There are better ways than these: "whatsoever thy hand findeth to do, do it with all thy might." And "Genius," remember, "is an infinite capacity for taking pains."

Hahnemann had genius.

Hahnemann has not yet been crowned; but Science is now, after a hundred years, just beginning to hammer at his crown. He lived 100 years before his time. It has taken the world of medicine (that rejected and persecuted him) just 100 years to begin to catch up to him. Fancy if Hahnemann were alive on earth now, with all the new discoveries of science at his beck and call, with all the new instruments with which science could now provide him! But the solitary peak is the great landmark . . . and "God has a few of us whom he whispers in the ear . . ." Hahnemann had the glory of being one of these.

And now, the manner of the revelation? How did God discover scientific medicine to Hahnemann?

For some years Hahnemann practised medicine, as medicine then was, a horrible and revolting thing. During his lonely night vigils he translated, or wrote treatises on various subjects, which he published, and which brought him esteem and fame.

These are among his earliest efforts.

On Arsenical poisoning.

On the advantages of using coal as a means of warming: (for there was a prejudice against its use.)

Chemical investigations into the nature of gall-stones.

On antiseptics.

On his own preparation of Mercury (still known in Germany as *Mercurius Solubilis Hahnemanni*—our *Merc. Sol.*)

On the means of avoiding the ill-effects of Mercury.

On the preparation of Glauber's Salt.

His enormous literary activity, his chemical work, and his extraordinary knowledge in medicine and chemistry, won him university honours in Leipsic and Mayence.

Then in disgust Hahnemann gave up the practice of medicine. His experience had shown him that "ordinary medicine was worse than none: that it was not only no good, but a positive hurtful art." He decided to live by literary work alone . . . though it meant going back to poverty.

The same thing obtains to-day. Some of our biggest men have been for throwing over medicine as not worth the game, and as a last chance of usefulness have studied Homœopathy and entered into their kingdom. One such was the late Dr. Burnett; and there are others I cannot name.

Then Hahnemann's children fell ill. . . . "Had God given no medicine to heal sickness?" he asked in his bitterness.

And in the worst darkness, light dawned. A ray of promise pierced the gloom.

He was translating an English book by Cullen, and it dealt with Cinchona (lately imported from the swamps of South America, where the Indians cured their ague by drinking of the swampy pools in which the cinchona trees grew.) Cinchona was the "Newton's Apple" that revealed Homœopathy to Samuel Hahnemann. Here was a curative drug . . . a drug that actually cured certain cases, not all, of malaria. How did it act? What would be the effect on a healthy man of taking Cinchona. It was in 1790, nearly 120 years ago, that Hahnemann made, as he put it, "the first pure trial with Cinchona bark upon himself, in reference to its power of exciting intermittent fever."

Hahnemann poisoned himself with Cinchona and produced ague.

Here was a drug that caused and cured ague, of a certain type. Curious that a drug should cause and cure the same thing! . . . How did other drugs act?

Hahnemann was treating a child with Belladonna in a house where all the other children got scarlet fever. This child alone escaped. Curious!—because Belladonna poisoning and scarlet fever are undistinguishable, as he knew. Both produce violent

headache, dilated pupils, dry, burning skin, red rash, sore throat, fever, delirium. Had the Belladonna poison (so like in its results) protected this one child from the scarlet fever poison? Would Belladonna have cured the other children just as Cinchona produced and cured ague symptoms? He began to experiment. He began to use Belladonna not only as a remedy for, but as a protection against scarlet fever, a prophylactic, as we say; and with what brilliant success every homœopathic physician since his day will testify.

Allopathy is doing a lot of crude homœopathy to-day, with its injections of preparations of disease to immunise against the same disease. But Hahnemann was first in the field, not only with his cure by likes, but by immunising by the exhibition of likes. Prophylaxis, which we hear so much of to-day, was one of Hahnemann's discoveries a hundred years ago.

He lived to be nearly ninety, working as few men have ever worked; poor, persecuted, reviled; with just his Indian summer of prosperity and recognition at the end, in Paris. But all those patient years he wrestled with drug after drug, poisoning himself and his disciples in order to wring from them the knowledge of how they can be scientifically applied for the relief of sickness and suffering. How often have you and I had cause to thank him for the relief of small ills that interfered with work or pleasure, in our comparatively mean and trivial lives. In medicine, Hahnemann was the greatest man who ever lived. He was one of those who wrestled with God, and prevailed.

Shall I tell you how he tested, or proved remedies? Every prover was provided with a "day-book" in which he had to enter all his symptoms . . . every ache . . . every pain . . . every phase of mood or temper . . . every divergence from his usual appetites and desires and moods. He had to bring in his book daily, and was questioned to the minutest detail on what he had recorded, and made to qualify every statement, as to time, condition and circumstance.

In order to eliminate symptoms that were perhaps

usual to him, but hitherto unregarded, the prover was never allowed to know when the actual proving began . . . he was always made to take powders for many days before any medicated powders were given, before the actual proving began.

It was in this way that Hahnemann learnt not only the different reactions which different drugs provoke on appetites—on temper—on sleep—or organs and secretions: how they affect the mind—on what kinds of people and temperaments different drugs act with most energy—but also the length of action, or rather the length of vital reaction to different drugs, which varies from a few hours to many days, or even weeks—varies also with the nature of the patient—and varies also, of course with the nature and pace of the disease, whether it is acute, sub-acute or chronic. All these things we have to take into account in prescribing, if we are to get the best results.

And these are some of the laws of healing that revealed themselves to Hahnemann.

To cure, likes must be treated by likes. And he defines what he means by cure. . . . “By cure, I mean, a recovery undisturbed by after sufferings.”

How does this apply to Hahnemann's old friend Cinchona in malaria. Are the old school attempts to cure, or to prevent malaria by Quinine undisturbed by after sufferings. No! Why? Because, to-day, as in Hahnemann's day, such absurdly gross doses are given. Hahnemann describes the state of those who suffer from Quinine poisoning, as the old school is still poisoning men to-day. . . . men at the Eastern fronts . . . men and women in the mission field in the tropics. He says, “their state is not ague, but it is certainly not health. They no longer complain of their disease appearing on certain days and certain hours; but note their earthy complexion, their puffy faces, their dull eyes, their oppressed breathing, their swollen tender loins, their miserable appetite, their perverted taste, their dreamy, unrefreshing sleep. How they become weary, joyless, dejected, irritably sensitive, or stupid, as they drag about, tormented by a greater number of ailments than afflicted them

in their ague." This is not Hahnemann's idea of cure, or of prophylaxis. This will be one of the aftermaths of the War for men who have fought in the east. And Homœopathy will be the only thing that can help them.

How did Hahnemann avoid all this? . . . by giving very small doses of Cinchona that act only, he says, a couple of days, and giving them only to patients exhibiting genuine Cinchona symptoms and therefore sensitive to it. Cinchona is not the only medicine that will rouse the vital reaction against malaria; though it is probably the greatest; and it is the one that revealed Homœopathy to Hahnemann. But Hahnemann in his long life of painstaking study learnt to use drugs as a master; and it is only of late that even homœopaths are quite taking him at his word; and following him more closely; and getting again the best results.

For he enunciated other laws besides the great basal Law of Similars: and it is men of science in the old school who are just now proving their truth. They have gone back to where Hahnemann started, and are inevitably arriving at his old conclusions.

So long as allopaths confined themselves to allopathic drugs . . . drugs that excite vomiting, purging, sweating, diuresis, they are on another plane, on safer ground: the experience of centuries will serve them. They know to a nicety how much you may give to produce your result, without risking a lethal dose: though they sometimes go rather near the mark, as in worm poisons. As the man who was teaching us materia medica and dosage in my student days said, "this pharmacopœal dose does not seem a very safe one, as it has several times caused death in a child." (Which is scientific? the largest dose you can dare to give, or the smallest dose that will produce the desired effect?)

We are hearing a great deal about vaccines, and anti-toxins, and disease-products to cure disease, and to protect against disease. Here again Hahnemann and the despised homœopaths were at least half a century first in the field.

(To be continued.)

LONDON HOMŒOPATHIC HOSPITAL.
REPORT OF THE SIXTY-NINTH ANNUAL
GENERAL MEETING,
OF THE GOVERNORS, SUBSCRIBERS AND DONORS,
FRIDAY, APRIL 4TH, 1919.

THE Sixty-ninth Annual Meeting of the Governors, Subscribers and Donors of the Hospital was held in the Board Room of the Hospital on Friday, April 4th, under the chairmanship of the Treasurer of the Hospital, Lord Donoughmore, K.P., P.C. Among those present were The Countess of Donoughmore, Mr. R. H. Caird, J.P. (Chairman of Board of Management), Mrs. R. H. Caird, Mr. W. H. Poate (Vice-Chairman), Mrs. Poate, Dr. G. Burford, Miss E. G. Bell, Miss Cameron, Sister Mary Edgar, R.R.C., Dr. Giles F. Goldsbrough, Mr. Edwin T. Hall, F.R.I.B.A., Mrs. Granville Hey, Lady Thompson, The Misses Macfarren. Mr. John Mews, Mr. H. W. Tinnè, J.P., Sister Frances Hicks, Mrs. Lorimer, Dr. and Mrs. Neatby, Sister Lilian Niemann, Mrs. Mole, Mr. Lee-Matthews, Sister Mallinson, Sister Elsie Stowe, Rev. Harry Stork (Chaplain to the Hospital), Sister Mary Watkinson, Sister Firth (Assistant Matron), Dr. John Weir, Mrs. A. Balfour Williams, Mrs. Woods, Miss E. A. Eddison, R.R.C. (Matron), and Major Edward A. Attwood (Secretary), and a number of subscribers and donors. Letters of regret at non-attendance were received by the Secretary from The Marquis of Cambridge (Patron), Mr. Hawkins-Turner (Vice-Treasurer), Mr. E. Clifton Brown, Mr. Handfield Morton, Mrs. Holman (Secretary of the Ladies' Guild), Miss Burney, Mr. R. C. Owst, Lady Durning Lawrence, Dr. Byres Moir, Sir George Wyatt Truscott, Bart., Colonel J. C. Tyler, R.E., etc., etc.

The meeting was opened with prayer by the Chaplain (the Rev. Harry Stork), and the minutes of the previous Annual General Meeting on June 12th, 1918, having been read and confirmed, the Secretary (Major Edward A. Attwood) submitted the Sixty-ninth Annual Report of the Board of Management, which was taken as read.

The Chairman, in moving the adoption of the report, said he did not propose to refer to everything in it, but he was sure they would believe him when he said that because he did not refer to certain points in the report he minimised their importance. He associated himself with every word the report contained. In the first place, he was glad to once more have the opportunity of meeting the old familiar faces.

Speaking of the old familiar faces one meets year after year at these meetings, it reminded him of a saying of an Irish friend, who once said, "Scores of familiar faces are shaking me by the hand," which was rather mixed metaphor. Also, in spite of the very high regard he had for the attainments of our medical and nursing staff in the hospital, he must admit even they could not accomplish such a feat or make it possible.

I will follow my usual custom, ladies and gentlemen, in not bringing the report before you in all its details ; but with regard to expenditure, in 1914 our annual expenditure was £15,000, and our annual income £11,000. It is now £22,000 and our income is also, £22,000. (Applause.) Much as I appreciate this fact, I must say that we cannot afford to be satisfied with this. In 1916, you will remember, we made a special appeal for £16,000. I am now able to report we have actually received £10,000 out of that £16,000, and I have to express my gratitude for what has been done. The Board are going to use every endeavour to raise the remaining £6,000. As a stimulus to others, a lady has made an offer of £100 if five others will do the same. Two generous and loyal friends have already sent £100 each, and it is to be hoped the remaining three donors will soon be found. (Applause.)

NEW ANNUAL SUBSCRIPTIONS.

Special appeals were made last year to increase our annual subscriptions, and this I have urged before from this side of the table, the need to increase our subscribers, as Death the Reaper comes in the course of time, and we unfortunately lose many subscribers in this way. But although we have to lose some of our annual subscribers in that natural way, there is also

another reason, and that is the loss of income brought about by the war. Some of our subscribers admit quite frankly that they cannot afford to keep up their subscriptions on the same incomes as before the war. This also we must expect. But at the same time some people, who in pre-war days could not subscribe owing to their means, now really are in a better position to do so, and it is those people we must get hold of. (Hear hear.)

Another point we must not lose sight of is the fact of our Naval patients. I might say we have really had in our wards almost two thousand sailors, which is a great source of pleasure to us. Now that peace negotiations are on the way, we must face the fact that we shall sooner or later lose them, and with them another source of income. We might almost call our

NAVAL CASUALTIES

a kind of paying patients. Not that they themselves have paid, but the Admiralty has contributed for them, and although this did not quite cover the cost of their maintenance, it went a long way towards it. In fact, we have up to the present received, I believe, nearly £5,000 from the Admiralty. And this again brings us face to face with a great difficulty. Although I shall be glad when the sailors go (because when they go out it means they are cured), at the same time I am sorry, because we shall lose our Admiralty grant, and that we must face. Our wards will, it is true, then be open for accommodation once more of the poor and needy civilians who do *not* pay, but we shall have to bear and raise the added cost of their maintenance without this £5,000.

And again, we all have an anxiety in our minds : that for the next few years, at any rate, prices will be very high ; prices of everything, and for us, the prices of drugs, surgical instruments, etc. At the same time, we now rank in the first line of London hospitals, and we must keep there.

And while on this point, I must not forget a letter which I have received from the Director of Medical Services, and which I must read to you; as I think it expresses so well the thanks of the Admiralty, and

shows their appreciation of the Hospital and what it has done. I might also add Major Attwood has received various letters of regret from others.

From Sir WILLIAM NORMAN, K.C.B.,
Director-General of Medical Services.
Admiralty, April 2nd, 1919.

Sir,

I very much regret that owing to a previous engagement, I will not be able to attend your annual meeting.

Will you please be good enough to express my thanks to the Governors of the Hospital for the care and treatment bestowed on sick and wounded officers and men of the Royal Navy, whom they have had under their charge during the period of the war ?

On the conclusion of peace negotiations I am forwarding the Lords Commissioners of the Admiralty a report of the good work done by the medical and nursing staff of your Hospital pointing out how much their services have been valued and appreciated by the numerous patients that have been under treatment, and I feel sure that their Lordships will forward you a letter of recognition and thanks for the great work done by this Hospital.

I am, Sir,
Your obedient servant,
W. H. NORMAN,
Director-General.

BANK OVERDRAFT.

He had to appeal with the same degree of sincerity as in the past to ask them to continue to help the Board, and to get others to help, in order that they might receive the funds which were essential to the continued prosperity of the hospital. He did not, of course, make that appeal in any spirit of ingratitude for any help they had received in the past ; and the report showed how grateful they were for what had been done. The King's Fund continued to support them, for which they were grateful ; nor did they forget the kind help which they continued to receive from the Hospital Sunday and Hospital Saturday Funds. He was very glad to notice a new group of

names among the list of supporters—certainly they were new to him. He referred to grants from some of the City Companies. They welcomed those grants for two reasons—if they were new, as he believed they were—because they always welcomed new subscribers; but he welcomed them for a very special reason, because he took it as a tribute to the worth of the Hospital. He was not connected with any of

THE CITY COMPANIES,

but he had had occasion to approach some of them on behalf of philanthropic objects, and he found that of all givers they made the most careful enquiries before they gave to anything. Therefore he welcomed the fact that several of those companies should have subscribed to their Hospital last year, for it showed that they were not dissatisfied with the way the Institution was conducted. Therefore it was very pleasant to be able to chronicle the contributions from the City Companies which appeared in the report. They would notice that their endowed beds had done well, and the Board were very grateful for some valuable legacies which were set out in the report. He could not close without saying two things, and the first was to express his gratitude to the medical and surgical staff of the Hospital for the way they had dealt with things during the whole of the war. They had had a very hard time. (Hear, hear). They had been the last people to say so; but the Board knew it. Many of them had been called up, which had made it all the harder for those who had remained. They had tackled the work in a wonderful manner, and had worked much harder under circumstances of great stress. They homœopaths were always grateful to their doctors, and they were especially grateful to their medical staff. They knew the special difficulties they had had to deal with during the last four years, and they deserved a special word of recognition. There were seven members of the honorary staff who were still serving in the

ROYAL ARMY MEDICAL CORPS.

One could hardly help smiling at the thought that those pariahs of the medical profession—homœopathists—

those terrible outcasts of the medical world, should have been used in the R.A.M.C. (Laughter.) Of one thing they might feel certain, and that was that they would not have got there and been kept unless they had been extremely useful. They would gladly welcome them back again when the army ceased to want them. He ought to mention the influenza epidemic, for he wished to pay a tribute to the way the Matron, Sisters, and Nurses dealt with that emergency. The work at the Hospital was always hard, but he shuddered to think what it must have been with a very large proportion of the staff down with influenza themselves. He could testify to the fact that the nursing had in no way suffered, and they were very grateful for the way they tackled the difficulties that beset them. At the same time, their war service record had been good. They had over fifty sisters in military hospitals, and they especially congratulated Sister May upon the Royal Red Cross which she received just after the last annual meeting, as a testimony to the good work she did in looking after the Naval patients. There was one other point he wished to mention, which was that, as they would see in the report, on the initiative of the Chairman,

LADIES HAD JOINED THE BOARD.

He only mentioned that fact in order to point out that ladies were legislating in the Hospital before they were legislating at Westminster—a fact which proved that they were always up-to-date, and sometimes a little bit ahead of it. (Laughter.) He hoped the report would be read by all the subscribers—they would find some very interesting reading in it. It showed how grateful the Board was to all their kind friends, and, above all, it showed that the Hospital had risen to its duties during the war, and was ready to do its full share again now that peace was before them. All sorts of difficult problems were in the air in connection with national health. They were problems in the tackling of which homœopathy need have no fear. They approached all problems with an open mind, but with enterprise; and they claimed that on those points they had a record

of progress behind them that justified their claim to take their full share in whatever the nation in its wisdom asked of them. With hope, and, at the same time, with gratitude and confidence, he asked the meeting to adopt the report. (Applause.)

Mr. R. H. Caird (Chairman of the Board), in seconding the motion, said that his Lordship had left him very little to add. Dealing with their income, they must bear in mind the immense help which they had received from the Admiralty for treating Naval patients during the last three years. Lord Donoughmore said it was about £5,000, but, as a matter of fact, it was nearly £7,000 this year. When those Naval patients went, they would, of course, lose that money. Although they had a small increase in the annual subscriptions, their income from that source was very small compared with what it ought to be. They must make every endeavour to increase their subscriptions ; and, personally, he would not be content until they were double what they were to-day. Another difficulty they had had to contend with, and which was still with them, was in getting members of the nursing and domestic staffs. It was very difficult to get young women to enter into such employment ; no doubt things would right themselves in that respect shortly. The past year had been a very difficult one for the Matron and the nursing staff, and he was sure they all greatly appreciated the very hard work they had done during those trying times.

The report was adopted.

Dr. Burford said he had to propose the re-election of the Vice-Presidents :

The Earl of Dysart, The Earl of Morley, The Earl of Plymouth, The Earl of Donoughmore, The Lord Ebury, The Lord Napier of Magdala, Sir George Wyatt Truscott, Bart., and the Hon. Wm. Warren Vernon.

The names of those personalities were too well known to homœopaths to need any recommendation from him. It was a good thing for the Hospital to have such names as those incorporated in its hierarchy, so as to give it

weight and balance. He also had to ask them to re-elect Lord Donoughmore as Treasurer. He was old enough to remember the time when the position of Treasurer was almost a sinecure. They sat at the receipt of custom ; the money came in without any difficulty whatever, and while the office was always one of dignity and importance it was little besides. Of late years, however, the difficulty of getting money for all hospitals had greatly increased, and treasurers had had to go out and blow the trumpet and appeal in order to get the necessary funds. He was sure they would agree with him that they had every reason to feel extremely grateful that they had a Treasurer of the capacity and of the inspiring power of Lord Donoughmore. Year by year they had increasing evidence of his goodwill towards the Hospital, and of his ability to keep its finances straight. (Hear, hear.) There were two other points he would like to make on the general subject of the Hospital. There was something that the Institution had gained last year which was not definitely stated in the report, which was a matter of very considerable importance—it had for the first time been linked up as a Homœopathic Hospital with the National Service as an Institution that had made good. (Applause.) They had always been wanting that, ever since he had been connected with the Hospital—they had wanted an official acknowledgment, and they had received it last year, and it should be a matter of transcendent importance to them for the future. That official recognition had not been confined to the London Homœopathic Hospital ; it had been extended to homœopathic hospitals throughout the country. Those hospitals had received Military and Naval patients, cured them, and turned them out, and their good services had been acknowledged by the “ powers that be.” They had got rid of that spirit of abysmal ignorance which used to prevail in official circles about homœopathic treatment, and that was a very great gain. At Southport the Homœopathic Hospital there had been taken over by the Ministry of Pensions for officer patients. During the war it had been used for “ Tommies ” and

officers, and so well had the work been done that the Ministry of Pensions had now taken over the Hospital, and left the civilian element to take care of itself. He had omitted to say that during the whole time the hospital had been used for military patients they had never lost a case. (Hear, hear.) Lord Donoughmore had referred to the

MINISTRY OF HEALTH BILL.

He (Dr. Burford) had tried to understand what would happen in the immediate future in connection with that Bill. He had followed the matter very closely, and it was very important that homœopaths, either through the British Homœopathic Association or through their own hospital, should take a very definite stand at the outset as to the practicability of homœopathic institutions and homœopathic hospitals being incorporated in the schemes devised by that Ministry. Schemes were being set up, and medical opinion was that the matter was not going to stop there. They as homœopaths did not want to find one fine day that they had been "frozen out" of those schemes because they had not taken steps in time. All the voluntary hospitals were a little bit nervous as to what was going to happen in their institutions. There was one thing he wished to say, and that was whatever might happen to their Hospital, they did not intend to lose their Board of Management—they would rather remain outside the scope of the Ministry altogether. He believed, however, that if they would take up a definite position in time, and let their friends know that they had made good, and that they intended to make good in the future, their claims would be conceded. He had reason to believe that the question had not been overlooked by the authorities, and he believed that within the next ten years they might regard themselves not only as being recognised by the State, but endowed by the State; and, if so, many of their financial difficulties would disappear.

Mr. H. W. Tinnè seconded the motion.

The resolution was carried, and briefly acknowledged by the Chairman.

Mr. Caird (Chairman of the Board) then moved the following resolution :

“ That this General Meeting of the Governors, Donors, and Subscribers of the London Homœopathic Hospital, having in view the inadequacy of the Annual Income to meet the Annual Expenditure of the Hospital, hereby empowers and directs the Board of Management and Trustees as follows—

- (1) That, for each of the years 1919, 1920, 1921, 1922, and, 1923, sums not exceeding £3,500 for each of those years be withheld or withdrawn from the Reserve Fund, and be expended in the discharge of current expenditure.
- (2) That such sums be refunded to the Reserve Fund as soon as, in the opinion of the Board of Management, it is found practicable to raise the amount by appeals.
- (3) That in the event of the whole amount, after every exertion has been made by the Board of Management, not being raised by appealing, or otherwise such sum as cannot be refunded shall, under the authority of this resolution and without further condition as to refunding, remain finally appropriated for the use and service of the Hospital, for the discharge of the current expenditure of the above five years, and all responsibility of the Board of Management and Trustees as to the refunding of such sums shall be hereby discharged and annulled.”

Mr. W. H. Poate (Vice-Chairman of the Board) seconded the motion.

The motion was carried.

Dr. Neatby, in proposing a vote of thanks to the Board of Management and House Committee, Nursing Committee, Treasurer, Vice-Treasurer, Lady Visitors,

and Ladies' Guild, said he considered himself particularly fortunate in having had that resolution placed in his hands, because he really had something to say. In the first place, *en passant*, he wished to re-echo every word that Dr. Burford had said about their Treasurer. He wished particularly to speak about the Board of Management and the House Committee. Sometimes those votes of thanks were mere matters of form ; but in this particular instance it was not so. He happened to have some knowledge of the work of the Board of Management and of the House Committee. He wanted to draw a distinction between the medical members of the Board of Management and the non-medical members in this way. The medical staff regarded that Hospital as their *alma mater*. They lived in the Institution a very great deal, although they did not live by it, and it was not surprising that they who were in the Hospital day in and day out and week in and week out should not only be loyal to it, but enthusiastically in favour of it. With the case of the lay members of the Board it was different. Their interest in the Hospital arose out of a pure love of philanthropy, and he could testify that their work did not consist in merely coming to the Hospital once or twice a month and walking out again. He knew that behind the scenes there was thought and time and trouble bestowed by the Chairman and members of the Board ; in the first place by the Chairman, who was so energetic and enthusiastic that he came not only to the meetings of the Board, but also to the meetings of the Sub-committees with which he was connected. From Mr. Caird down to the most recent member of the Board there was an unusual degree of enthusiasm, interest, and personal thought put into the work of that hospital which he considered was perfectly remarkable, and which was a great asset to the Institution. Therefore he had particular pleasure in submitting that resolution, so far as it affected the Board of Management. With regard to their Vice-Treasurer (Mr. Hawkins-Turner), he need not say how greatly they were indebted to him for all the work he had done for the Institution. The Lady Visitors and the Ladies' Guild had always done a

great deal to minister to the comfort and happiness of the patients, and to assist in the smooth working of the Hospital. They were particularly indebted to the Ladies' Guild, and he anticipated that they would be more indebted to them in the future even than they had been in the past.

Mr. Edwin T. Hall, F.R.I.B.A., seconded the motion.

The resolution was carried.

Mr. R. H. Caird, in responding to the vote, said that Dr. Neatby very truly said that they had got a very good working Board. He could testify to the constant good attendance of the members. The average attendance in the last few years had been really remarkable, especially when one considered the many things that men had had to attend to outside the Hospital. They had anxious times; they had to decide important questions; to make up their minds whether they would spend money; they often had to decide to spend it before they had got it, or before they knew how they would get it. The decoration of the Wards of the Hospital was becoming a burning question. While the war was on they always used to excuse themselves from undertaking the work by saying that everything was so dear. They had at last had to do it, and the work was now in progress; for the Board were determined to keep the Hospital up to the highest pitch of perfection, as they always had.

The Rev. Harry Stork (Chaplain of the Hospital), responding to the vote on behalf of the Lady Visitors and the Ladies' Guild, said he was sure that, on behalf of the ladies he could say that they were much obliged to Dr. Neatby for proposing the resolution, and to the Governors for passing it. He thought also the ladies would like him to add that after all their best thanks lay in the knowledge that they were giving pleasure to others. That was a lesson surely that the war had taught all to them, that after all there was no pleasure like the pleasure of giving pleasure to other people. The ladies who worked for that Hospital had tried it, and found it to be true, and he was sure that was sufficient reward.

Dr. Giles F. Goldsbrough moved the re-election of the retiring members of the Board of Management :—

Mr. E. Handfield Morton, Mr. J. Pakenham Stilwell, J.P., Dr. Byres Moir, Sir George Wyatt Truscott, Bart., Mr. R. C. Owst, Mr. H. Hawkins-Turner. Dr. Edwin A. Neatby, Dr. John Weir; and the election of The Countess of Donoughmore, Lady Perks, Mrs. Alexr. Balfour Williamson, Colonel J. C. Tyler, J.P., Mr. H. W. Tinnè, J.P., and Mr. John Mews.

Mr. W. Lee-Matthews seconded the motion, and it was carried.

Mr. W. Lee-Matthews then proposed the re-election of the honorary medical staff; re-election of Drs. Neatby, Goldsbrough, and Alexander, who, having passed the limit of service, have kindly consented to continue to serve; and a vote of thanks to the medical staff. He said that if ever any set of human beings in this world had "done their bit," it was the medical staff of their Hospital. They had men who had left the Institution owing to the age limit, who had come back and taken up the burden during the war. They could not thank them too much for what they had done, especially Dr. Neatby, Dr. Goldsbrough and Dr. Speirs Alexander. There was Dr. Pullar, Dr. Kennedy, Dr. Stonham, Dr. Miller Neatby, and Dr. Margaret Tyler—all of whom had given most valuable services. Dr. Burford was in the same position, and he and all the members of the medical staff worked with an enthusiasm that it was impossible to convey by words. He could put it in no better way than to say that those gentlemen and ladies had done their best, and they were very grateful to them.

Mr. John Mews seconded the vote, and it was carried.

Dr. Neatby, in responding, said that first of all he wished to say a few words in regard to their Secretary (Major Attwood), whom he had intended to refer to when he was speaking of the services of the Board. Major Attwood not only had the burden of collecting the money to carry on the Hospital, but, as they knew,

he had served his country in the field. More than most men he was deserving of a vote of thanks for the care and tact with which he carried on his duties. (Applause.) With regard to the vote which they had been good enough to accord the medical staff, he could only say on behalf of himself and colleagues that they were extremely grateful.

On the motion of Mr. Caird, seconded by Mr. W. H. Poate, the Auditors, Messrs. Prideaux, Frere, Brown, and Hannay, were re-elected.

THE HOMŒOPATHIC CONVALESCENT HOME.

The Secretary (Major Attwood) submitted the thirtieth annual report of the Homœopathic Convalescent Home, Eastbourne, which was taken as read.

Dr. Burford proposed the adoption of the report. He said that the work had been kept at the same high level as in previous years. The Home was doing exceedingly good work, and it was an absolutely necessary Institution, as it enabled them to take more patients into the Hospital. They were enabled to run the Home in time past very largely through the generosity of Mrs. Clifton Brown, and for that reason he was very please to think that Mrs. Balfour Williamson had been elected to a seat on the Board of the Hospital.

Dr. John Weir in seconding the resolution, paid a tribute to the kind and efficient manner in which the Matron and the nurses carried out their duties at the Home.

The report was adopted.

Lady Donoughmore then presented the Gold Medal and the Prizes won by the nurses in the Final Examination in the three years' course of training in the Hospital:—

(Maximum to attain, 2,050.)

Nurse Peyton (Gold Medal) 1,827½ 89 per cent.

Nurse Kewley (First Prize) 1,786 87 per cent.

Nurse Gooden (Second Prize) 1,760½ 85¾ per cent.

A cordial vote of thanks to Lady Donoughmore for presenting the nurses' awards, and to Lord Donoughmore for presiding, terminated the proceedings.

HOSPITALS AND INSTITUTIONS.

CROYDON.

The annual report of Croydon is shadowed by the remembrance of the death of Dr. Percy Purdom, lamented by us all. Dr. Arthur Morford has now joined Dr. Purdom, Senior, and Dr. Miller Neatby gave invaluable help earlier, but the dispensary has had to give up two days work in the week.

There is a small deficit in the accounts and on account of increased rent the Dispensary has been compelled to move but has found a suitable home close by.

The work done in the circumstances seems to us most admirable. There have been 2,117 attendances and 313 home visits—we wish Croydon all good fortune and prosperity.

NOTIFICATIONS.

* * Under this heading we shall be happy to insert notices of appointments, changes of address etc., and holiday arrangements.

MR. J. EADIE, F.R.C.S.

Mr. James Eadie has returned to work at 71, *Harley Street*, W.I. Tel. 320, Mayfair. Consultations by appointment.

DR. FERGIE WOODS.

Dr. Fergie Woods has returned to his practice at 8, *Park Drive, Golders Green*. Consulting hours 9 to 9-30 a.m. daily 2 to 3 p.m. Monday, Tuesday, Friday, 6 to 7 p.m. except Wednesday, and Saturday.

SOCIETY'S MEETING

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the Session was held on April 3rd. Dr. Byres Moir in the chair. Dr. R. Kyle was proposed for membership and Dr. J. Francis and Dr. E. Stubbs were elected. The President referred to the great loss sustained by Homœopathy in the deaths of Dr. Roberts, Dr. Alexander, of Southsea, Dr. G. Clifton, and Dr. Van Lennep of Philadelphia.

Dr. C. E. Wheeler read a paper on the drugs Sanguinaria and Rumex. In the discussion, Dr. S. Alexander, Dr. Fergie Woods, Dr. Weir, Dr. Neatby, Dr. Tyler and Dr. Byres Moir took part, and Dr. Wheeler replied.

ACONITE—The use of this remedy is acute inflammation of the middle ear must frankly be admitted to rest rather upon its known influence upon inflammatory conditions in other portions of the body than upon any specific effects actually observed within the ear by provers of the drug, or as toxic effects in cases of poisoning. Rather indefinite pains in and about the ears were observed by several provers and, as concomitant symptoms, roaring, ringing and other subjective noises were developed and are noted still more prominently as toxic symptoms. Marked aversion to noises and even to music is quite characteristic and has often been clinically verified. Nervous, plethoric people are most likely to be benefited by aconite, and conditions characterised by marked tension, either physical or mental with accompanying restlessness and anxiety are indications for the drug. Especially is it applicable to conditions which result from chilling the body, more particularly of from exposure to cold dry winds, or the cutting winds of high altitudes. The rapidity of its action is favourable to its employment in acute inflammation of the middle ear. Upon this basis rests our use of aconite in this disease and the special indication for its choice would be the cause of the inflammation from exposure to cold, dry winds. Practically it is used far less often than belladonna in aural practice.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MARCH TO
15TH APRIL, 1919.

GENERAL FUND.

SUBSCRIPTIONS.

	£	s.	d.
Messrs. Gilbert & Hall	1	1	0
Dr. C. Osmond Bodman	1	1	0
Miss A. P. Fowler	1	1	0
Dr. C. H. Eccles	1	1	0
Mrs. Bromley		2	6
Mrs. E. M. White		2	6
Dr. Nankivell	1	1	0
W. Lewis, Esq.		10	0
Dr. A. Speirs Alexander	1	1	0
The Rev. R. Upcher	1	1	0
The Rev. John Thornley		5	0
Mrs. Butler		10	6
Dr. J. Cavendish Molson		10	6
Lady Durning Lawrence	1	1	0
Kensington College, per James Munford, Esq. (Director)	1	1	0
Mrs. Cundy	1	0	0
Miss Stormer		10	6
Cedric Boulton, Esq.	2	2	0
E. L. Vinden, Esq.	1	1	0
Walter Curry, Esq.	1	1	0

DONATION.

Trustees of the Maintenance & Administration Fund	2	5	3
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NATIONAL HOMŒOPATHIC FUND.

SUBSCRIPTIONS.

Mrs. German	1	1	0
J. C. Weston, Esq.	1	1	0
J. Sellars, Esq.	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House, on Tuesday, 8th April, 1919, at 4 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday 16th April, 1919, at 4.30 p.m.

OBITUARY.

DR. VAN LENNEP.

IT is some months since Dr. Van Lennep died but he had many friends on this side of the Atlantic and we wish to pay our tribute of regret for his loss and admiration for his work ; though belated it is heartfelt. We owe to the courtesy of Dr. Van Lennep's brother the material for the account which follows.

As a boy and young man, William Van Lennep showed most exceptional promise, but the great hopes of success for him at Princeton University were not fully realised. He seems to have been a little unlucky in some of his associates and did himself much less than justice. But he learnt by this experience once for all the lesson of application, and at the Philadelphia Medical College he carried all before him and broke all records. Later he came to Europe and studied in famous schools, notably under Billroth at Vienna. He returned to America a highly equipped surgeon, and it was mainly as a surgeon of the first rank that his name became known throughout the length and breadth of America. His English and European friends were many and devoted and he will always remain one of the brightest names associated with American Homœopathy.

As a man his qualities were as distinguished as they were in his professional capacity. Tireless in friendship, generous in help, unfailing in sympathy, and hiding all his good deeds with a most attractive shyness. Yet they were so numerous that they could not be all concealed.

His power of work was amazing but it helped to kill him. The war meant to him the loss of much assistance, yet he would not leave work undone or neglect any call. He was on the Defence of the Realm Board and had to go to Washington three times a week as well as perform his professional duties. Even his great vitality yielded to the strain and his death came suddenly in the end. But the memory he leaves will be very slow to die.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD".]

DEAR SIR,—Your footnote to my letter published in the April number of the Homœopathic World expresses a fear that the scheme suggested for spreading a knowledge of Homœopathy might have the appearance of advertising certain physicians, which course, I quite agree, is contrary to the custom prevailing at present in the profession.

I must confess that I anticipated this objection, and contend that a well thought out scheme could easily steer clear of this stigma; at the same time I respectfully submit that as the majority of the profession, in ignoring the claims of Homœopathy have failed in their duty to mankind, so the leaders of Homœopathy will be equally guilty in permitting any consideration whatsoever to stand in the way of the progress of Homœopathy.

As one who is deeply moved by the deplorable wastage of human life during the recent epidemics, I cannot but feel that it could, to a great extent at least, have been prevented by adequate Homœopathic treatment, and am even tempted to think that I do not stand alone in saying it casts a reflection upon the whole faculty.

The time has arrived for Homœopathy to take its proper place in the field of medical science: at present merely the privilege of a minority, the earnest desire of its upholders should be that its blessings might be extended to all.

The old plodding methods of propaganda must go and be replaced by a live and active campaign.

As a preliminary, I would suggest the formation of a committee of publicity, to consider the whole subject with a view of arriving at a definite plan on lines similar to those advanced in my previous letter, or in any other way which would commend itself to such a committee,

I remain,

Yours very truly,

15, Darenth Road,

EDWARD BARNETT.

Stamford Hill, N.16.

MY DEAR DR. WHEELER,—I presume you do not recall the fact that I, with my son, Howard B. Kinyon, were over there several weeks in 1906. We were handsomely entertained by all of the Homœopathic doctors in London and other parts of England. I recall especially the late Dr. Dyce Brown of sainted memory, also Dr. Searson, Dr. Knox Shaw, Dr. Edwin Neatby, Dr. Johnstone (of Richmond) Dr. Moir, Dr. Wright and several whose faces I recall vividly but cannot on spur of the moment recall their names. Oh yes, Dr. Burford was one that we were treated so well by. I doubt not that some of these will recall my son and will be glad to know that he is the senior medical officer under the English government in the Archangel District in Northern Russia. Of course the Field Hospital keeps its same organisation and is a part of the American North Russian Expeditionary Forces, but subject to the orders of the English Government. There are five columns that went out from Archangel, but his column went up the Dvina river and is now on the Vaga river, (a tributary of Dvina). They are having a hard time of it and we are very anxious and will be until the river is open. If the Bolsheviki do not annihilate them before then they will be apt to be sent home in May or June. I am sure that my son would be so glad to have some of the London M.D. write him if they have the time. His address is Captain Howard B. Kinyon, M.C. Field Hospital 337, Section B. American North Russian Expeditionary Forces, Archangel, Russia.

With kindest regards to all our friends I am as ever,

Cordially and fraternally yours,

CLAUDIUS B. KINYON.

The Hutzel Building,
Ann Arbor, Michigan,
March 29th, 1919.

[NOTE,—We hope next month to print an article from Capt. Kinyon on his work.]

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.**

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays, 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and (Out Patients) Saturday mornings ; and Wednesday, Thursday, and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m. ; Physical Exercise Department, every day except Saturday at 9 a.m.

**CHILDREN'S HOMŒOPATHIC DISPENSARY, SHEPHERD'S BUSH
GREEN, W.**

For the treatment of Diseases of Children only. *Medical Cases* daily, and Special Departments for—*Eye*, Wednesday ; *Ear Nose and Throat*, Wednesday ; *Skin*, Tuesday and Friday ; *Physical Exercise Department*, Tuesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President, G. W. Budden, Esq., Hon. Treasurer, Telephone : Hammer-smith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

**MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.**

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Forster (Emily L. B.). *How to Become a Woman Doctor.* With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.

Hart (Bernard). *The Modern Treatment of Mental and Nervous Disorders.* A Lecture delivered at the University of Manchester on March 25th, 1918. Cr. 8vo, p. 28, boards, net 1s. ; 1s. 6d.

King (F. Truby). *Natural Feeding of Infants.* With an introduction by J. S. Fairbairn. Cr. 8vo, swd., pp. 33, net 1s.

Lukis (the late Surgeon-General Sir Pardey and **Blackhaur** (Col. R. J.). *Tropical Hygiene.* 2nd impression of 3rd ed. revised and enlarged. Cr. 8vo, net 6s.

Rose and Carless's *Manual of Surgery for Students and Practitioners.* 9th ed. 8vo, pp. 1,408, net 25s.

Shera (A. Geoffrey). *Vaccines and Sera Their Clinical Value in Military and Civilian Practice.* With an introduction by Sir Clifford Allbutt. 18mo, pp. 247 net 7s. 6d.

Stewart (G. N.). *A Manual of Physiology* 8th ed., 8vo, pp. 1,269, net 21s.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to **DR. C. E. WHEELER**, 71, *Harley Street, W.1.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the **MANAGER** of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

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CORRESPONDENTS.

Dr. Burford, London—**Mr. Barnett**, London—**Mr. E. Frost**, Chelmsford—**Dr. Compton**, Crawshawbooth. **Dr. Deck**, Sydney.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med. Fran Homœopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.—
North American Journal of
Homœopathiy.

The Homœopathic World.

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THE
HOMŒOPATHIC WORLD.

JUNE 2, 1919.

JOHN GALLEY BLACKLEY.

IN the month of May Homœopathy sustained two grievous losses with the deaths of Dr. Galley Blackley and of Dr. Gibson Miller. They represented almost the opposite poles of homœopathic practice, and each was pre-eminent in his own sphere. A tribute to Dr. Miller, from the pen of one well qualified to speak, will be found elsewhere: here we desire to put into such words as we can our memories and appreciations of the *doyen* of London Homœopathy.

John Galley Blackley lived a long and active life, indeed, he was working in his special department of the London Homœopathic Hospital within a few weeks of his death. In the first years of his career he studied abroad, principally in Vienna, with noteworthy success, and returned to England with a reputation for powers of original research which might easily have won him wider fame in the larger sphere of orthodox medicine. But he had a hereditary interest in Homœopathy, which led him to study it, and having convinced himself of its validity, he devoted his powers to it, characteristically caring little if his choice tied

him to a smaller kingdom than the one he might otherwise have possessed. He came on to the Staff of the London Homœopathic Hospital early, and, still comparatively young, rose to be Senior Physician. This post he filled with dignity and success for many years. He was also the head of the Department for Diseases of the Skin, and this work he retained after his retirement from the roll of the physicians. In the Society and the Annual Congresses he was a distinguished figure throughout his life, filling with notable success all the offices of importance. He was a ready and cogent speaker, clear in thought and in expression, courteous, but firm in his opinions, and these qualities helped him not a little to deepen the mark which he made upon our fraternity and its work.

As a physician he was cautious and thorough, with great clinical acumen and wide experience, which he used to the full. He followed Dr. Hughes in preferring a similar tissue relationship between drug and disease as the basis for his prescriptions, and preferred the low potencies to the medium or the high. He was an accomplished linguist, and widely read in the Continental Homœopathy. After Dr. Hughes, probably Dr. Jousset, senior, influenced his practice the most.

He worked right up to the end, and British Homœopathy is privileged to have had such gifts of service from him. He will be long remembered as one of the outstanding figures of our Homœopathy for the last fifty years. Honour to his memory !

NEWS AND NOTES.

DR. A. E. HAWKES.

THE toll of death has indeed been heavy from among our ranks of late. We had hardly written our last tribute to Dr. Blackley than we learned of the death of Dr. A. E. Hawkes, whose vitality seemed such that death must surely pass him by for many a day yet. His was a long career, full of wonderful, devoted work, and the memory of his geniality and his wit will live as long as that of his skill and generous kindness. His old friend Dr. Simpson gives a short appreciation of him elsewhere ; for all of us the loss is severe, and our regret deep and poignant.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE Annual Meeting of the British Homœopathic Association was held at Lord Donoughmore's house on May 26th. A full report of it will appear in our July issue.

A GOOD EXAMPLE.

This strikes us as a good example to follow :—

Through the generosity of Dr. Hamilton F. Biggar, senr., the Cleveland Medical Library Association had been enabled to institute a prize essay competition. This year it offers three cash prizes, the total value amounting to six hundred dollars, due to the fact that the prize was not awarded in 1918.

It is hoped that many of the local profession will compete for these prizes, and that medical literature will be enriched correspondingly by the work which this competition should serve to stimulate. The rules for the competition follow :

1. The annual return from this fund for two years shall be used this year to establish three prizes, \$300.00 to constitute a first prize, \$200.00 a second prize, and \$100.00 a third prize.

2. The prize shall be designated the Hamilton F. Biggar Prize of the Cleveland Medical Library Association.

3. Competition shall be open to members of the medical profession in Cuyahoga County, senior students in Western Reserve University, and interns in hospitals in Cuyahoga County.

4. The prize shall be awarded to the best essays on some clinical subject, or on some theoretical subject of immediate clinical interest. The choice of the particular subject written upon shall lie with the essayist.

5. The typewritten manuscripts are to be submitted to the Secretary of the Cleveland Medical Library Association on or before November 1st, 1919, and are to be signed by a fictitious name, and accompanied by an envelope on which is written the fictitious name, and within which is sealed the true name of the essayist.

6. The President of the Cleveland Medical Library Association is to appoint judges in suitable number and of adequate familiarity with the subjects chosen by the essayists to finally pass upon the relative merits of the essays, and to decide which, if any, are worthy of a prize.

7. The announcement of the winners of the prizes shall be made at the Annual Meeting of the Cleveland Medical Library Association in December, 1919. It shall be left to the judges to decide whether the nature and length of the essays are such as to render desirable their reading at this meeting, or at a joint meeting with the Cleveland Academy of Medicine.

8. All manuscripts shall become the property of the Cleveland Medical Library Association, but a prize essay may be issued published in any reputable journal selected by the author, and approved by the Cleveland Medical Library Association, provided that a notation accompanies the essay to the effect that it is the First, Second, or Third Hamilton Fiske Biggar Prize Essay of the Cleveland Medical Association, as the case may be.

ORIGINAL COMMUNICATIONS.

THE FUTURE OF THE TUBERCULOSIS PROBLEM.*

BY P.C. VARRIER-JONES, M.A. CAMB., M.R.C.S.,
L.R.C.P.

A Paper read before the Royal Institute of Public Health.

(Continued from page 171.)

THE CASE WITH ACTIVE DISEASE.

When we come to deal with cases of the next category the story is very different. The man has active disease, albeit somewhat retarded by treatment at a sanatorium. He is refused admission to a colony such as that just described, he cannot without a serious relapse return to his original trade, he cannot be suitably helped from outside by an after-care association as his relapse is certain, and because of the extreme difficulty of finding suitable employment for him. These are the cases which, unfortunately, are now assisted with small doles of money and food and an underpaid job. Better far that such assistance should cease and the patient become an inmate of an institution. The man receives but palliative treatment, and the community no real protection against infection.

The pity of it is that we do not realise that under favourable and well-defined conditions the patient is capable of doing more work. Such a case should, indeed, excite our sympathy. Here a man obtrudes himself on our notice six days out of seven—a man who cannot find his place in the world, but who, left to his own devices, disseminates the disease to his family or neighbours and fellow members of the community. He is the central factor in the problem of tuberculosis, a far more important factor than the advanced case—the bedridden case—where, although the danger of direct and concentrated infection is greater, it is so circumscribed that it is limited to a small—family—circle.

In the past we have been content to limit our endeavours to the favourable case, and to leave untouched—

* Reprinted from the *Lancet* with every acknowledgment.

untouched as far as effective treatment and the prevention of infection are concerned—the middle case. The reason for this is not far to seek, we have been blinded by the transitory results of sanatorium treatment and have shut our eyes to the wreckage which such treatment has left in its trail. Very naturally we have no liking for disappointing results. The individual case which goes steadily downhill is it must be confessed, a disheartening proposition if we are content to focus our attention on the treatment of the individual.

It is obvious that our attention should not be so focussed, but that we should survey the whole field in order that we may make up our minds, for if we do not so make up our minds somebody else will soon do it for us, that it is necessary, in the name of humanity and to protect ourselves, to care for these cases. Once we view the problem from this standpoint and grasp the essential fact that the disease is spread by the middle case, we cannot escape the logical conclusion that such cases demand our care and attention, *and at once*.

Admitting all this, the fear still possesses us that so gigantic a problem requires almost superhuman effort for its solution. Sir Arthur Newsholme holds that by the admission of advanced cases from amongst the poorer classes into the wards of certain infirmaries the spread of the disease has to a certain extent been lessened. Surely this points the way to the next step—the segregation of these middle cases in colonies, where, with the best chance possible of recovery, they also cease to be a source of infection to others. If by the voluntary segregation of advanced cases a perceptible improvement has been made, is it not logical to assume that we may expect still greater improvement when some method of segregation is found for the middle cases, those who find themselves stranded and unfitted for the struggle of existence in the world as at present constituted.

THE METHOD ADOPTED AT PAPWORTH COLONY.

Objections and reasons that such a proposal as that of the Cambridgeshire Tuberculosis Colony must be

difficult of realisation are, of course, put forward. Allow me to take, as a concrete example, Papworth Colony, where experiments are in progress to test the conditions under which men will remain in the country although used to town life, and not town life only, but London life.

My experience is that the first great question to be considered is that of a wage, or payment for work done. The difficulties surrounding this question are many and complex. To begin with, we are confronted by certain provisions of the National Insurance Act in which it is expressly stated that any man working for a wage forfeits his sickness benefit. Latterly, however, since it has been the practice in some institutions to allow patients to work, the dividing line between remunerative and non-remunerative occupation becomes difficult of definition. No objection can be raised to the institution paying to an after-care association a subscription equivalent to the value of the work done, nor can there be any objection to that association paying over to the patient a sum of money to supplement the sickness benefit and thus enable his dependents to live in decent circumstances while the man is under treatment.

This plan has been adopted at Papworth with success. This method of procedure opens out very considerable possibilities, especially for the ordinary insured person. The usual plea put forward by an insured person, especially a married man with dependants, is that it is impossible for him to live in luxury at a sanatorium while his wife and children at home are asked to exist on 10s. a week, a sum sometimes supplemented by a dole from the Charity Organisation Society, but an extremely unsatisfactory method. In the method adopted at Papworth, the sickness benefit can be augmented within limits by *the man's own earnings*, and he has the satisfaction of feeling that even whilst undergoing treatment he is making a definite contribution towards the upkeep of his family. This method is new, but I hope and believe it will be found to be thoroughly sound.

It will thus be seen that a very definite link is forged between the colony and the after-care association. The

inducement to earn a wage is so great, however, that it is difficult to restrain the men from doing more hours of work than are prescribed. So contrary is this experience to that of sanatoriums that I fear I may not be believed, but it is a fact. In our boot-repairing department during the first two months, while the patients were apprentices it was a matter of surprise that the men could earn 12s. per week of 32 hours, at the rate of pay current for boot-repairing in Cambridge, and this rate the men receive. Further, the two apprentices, one a Limehouse labourer, the other a college cook, have been taught by a practical boot repairer—a London patient. This man has not only taught these men, but has *earned* his money as an instructor at the same time.

THE SOLUTION OF THE QUESTION.

This makes clear four points : (1) That to change a man's trade is a practical proposition ; (2) that the work can be carried on under proper hygienic conditions ; (3) that the public have no objection to having their boots repaired by consumptives ; and (4) that the labour must be subsidised to make it a practical proposition for the working man. The moral to be drawn from this is, that once a practical proposition is placed before these men—a sound commercial proposition, not one from which they think the institution is making a profit out of their labour—they will seize the opportunity, for they know they are benefiting both from a health point of view and financially ; but unless you can make the latter clear you can expect no success. I must again insist that these men are " middle " cases ; that they have tubercle bacilli in their sputum, and are cases which, left in their ordinary surroundings, would soon fall to the bottom of the scale.

When we take into consideration the fact that these men, being ex-soldiers, have a full pension of 27s. 6d. per week, it cannot be a matter of surprise that they consent to remain. We have stated that the colony can and does offer better conditions of work and that these involve no impairment of a man's self-respect. Applicants, of course, are not wanting, but the State has the

assurance that in return it is getting a good bargain in the elimination of infection.

Similar results are being obtained in other departments, and from them it is possible to draw only the same deductions. The difficulty is that of demand and supply, and it is here that great effort is needed and a very good business brain required, but at present inquiries for goods and orders placed with us keep the departments busy. It will be said that this is the greatest difficulty of all, but it has been repeatedly stated that the greatest difficulty was to get the men to work. Having demonstrated that this is not the case, I have confidence that the other difficulty will also be got over.

The real solution of the question is a State subsidy for tuberculous labour and the introduction of labour-saving appliances to lessen the disadvantage under which a consumptive suffers. If that labour can be turned to account, not in the way of reducing the cost of running an institution—who ever thought of reducing the cost of a hospital by employing chronic invalids on the staff—but in making it contribute to the wage of such labour, the other part being forthcoming from the State as its share of payment in return for the prevention of infection, it seems to me that the problem is well on the way to solution.

In any case, let us get rid of the fallacy that tuberculous labour can be made to pay; *of the idea that all the money paid by the State is for the alleviation of symptoms.* Further, let us concentrate on humane and voluntary segregation by making it so attractive that few consumptives will face the difficulties and dangers of open competition if they can take advantage of the facilities now provided. Public opinion, educated on these lines, will soon insist on being rid of a source of infection so dangerous to its well-being. Once the facilities are offered, if offered in no miserly spirit, we may see the dawn of a new era in the treatment (using the term in the widest sense) of the disease.

WORK IN OTHER DEPARTMENTS.

The results of the carpentry and joinery departments are of considerable interest. At the head of the carpentry

department is a trained carpenter and joiner, who directs the work and instructs the patients. We are now convinced that useless work put forward merely as training is waste of time and energy, but we find that immediately a patient comes to the shop he is ready for light work on a definite job. We have, however, to reverse the usual process of training, for in the colony workshop he is instructed in the fitting together of parts which have already been prepared by those who have been longer at the work and have been passed on to the heavier grades of labour. In other words, the process is reversed, but by means of a method whereby a patient is set to make one particular part—in fact, is placed on repetition work—no time is lost and his labour is at once remunerative. His interest is also immediately aroused, as his skill develops so his strength increases, and the two factors combined, place him on a higher scale of productive work.

It is my experience that very few patients fall below the 25 per cent. standard even at the beginning of their instructional career, and the percentage increases monthly. On repetition work they may ultimately attain an average of 50 per cent. and even rise to 75 per cent. I suspect that our method has, perhaps unconsciously, been based on the experience of munition works, but from whatever source it has come it undoubtedly meets with very considerable success.

Up to the present time disposing of our produce—shelters—at the price quoted in the open market, we could during the major portion of the time have paid a wage not much below the trade union rate. As an example I would take the accounts of the last year to illustrate the financial side of our industry. The total receipts of the carpentry department allowed of a profit of 20 per cent. to be paid in wages. There were working in the shops during this period twelve unskilled patients, and after paying instructor's wages there was a considerable sum available for division, as a wage, amongst the twelve patients. In order to safeguard ourselves when we come to undertake other work—we have brought the shelter-making repetition methods almost to a fine art—we stipulate that if we must turn

out work at a competitive price we must have a subsidy of 10 per cent. to 15 per cent. in order that we may pay our patients the wage desirable and necessary. We have not needed this subsidy so far, but our success must not blind us to the fundamental fact that tuberculous labour must be subsidised, and even considerably subsidised.

THE QUESTION OF A SUBSIDY.

The working day is but six hours, and even if the labour could be paid for at a rate equal to that of a trained healthy person, the total at the end of the week would be insufficient to support a man, his wife and family in the way in which they should live. It will thus be seen that the question of a subsidy is a very necessary and urgent factor in the problem. We must not look upon this subsidy as a dole for the relief of the patient, for on this the amount would, according to our past ideas, be too great ; rather must we look upon it as money expended for the protection from infection enjoyed by the community. Far better to have this assurance, than to have the depressing picture of a family in poverty and distress, vainly endeavouring to struggle on with a varying amount of poor relief and charity without any such protection. In a colony such as we are trying to build up at Papworth it is probable that the families of our colonists, being easily accessible, may be so trained and educated that they may be made stronger and safer for the struggle of life than if they were allowed to remain under undesirable surroundings of poverty and want. However that may be, there is hope of a brighter future even though time may unveil some of our errors.

May I close by quoting the words of a consumptive—Washington Irving.

“ What after all is the mite of wisdom that I could throw into the mass of knowledge ? Or how am I sure that my sagest deductions may be safe guides for the opinion of others ? But in writing . . . if I fail, the only evil is my disappointment. If, however, I can by any lucky chance, in these days of evil, rub out one wrinkle

from the brow of care or beguile the heavy heart of one moment of sorrow. If I can now and then penetrate through the gathering film of misanthropy, prompt a benevolent view of human nature and make my reader more in good humour with his fellow beings and himself, surely, surely, then, I shall have not written in vain."

HOMŒOPATHY.*

BY DR. M. TYLER.

(Continued from page 171.)

Hahnemann began with Psorinum, a remedy made from a skin eruption. He argued as to whether it was a homœopathic or an isopathic remedy; *i.e.*, a "like" remedy, or a "same" remedy. He contended that such a poison, removed from the body, sterilised and triturated, put through processes till it has become innocuous to cause disease (though it may still provoke and will cure symptoms) is no longer the same. It is changed. It has become a "like" remedy only; and may be used as any other drugs can be used homœopathically: that is to say, to cure symptoms like those it can produce; by provoking the reactive powers of the body. Hahnemann was right. By triturating, that is to say, by repeatedly grinding up for hours (one part of the virus each time in ninety-nine parts of sugar of milk;) then by shaking up repeatedly (one part each time in ninety-nine parts of alcohol,) organisms are killed: these toxins are liberated: you are no longer dealing with tubercle, or plague, or anthrax, but with the poisons of these diseases inconceivably attenuated. You have the most "like" medicine that it is possible to imagine.

Hahnemann's more enlightened disciples, following him, and preparing their drugs safely and potently, as he had directed, have each time been a long way first in the field with disease products used for the cure of disease, such as Hydrophobinum, Anthracinum, Tuberculinum, which they called at first Baccillinum,

* A paper read at the Annual Meeting of the Ladies' Guild, London Homœopathic Hospital, March, 1919.

Variolinum (small pox virus) Mallandrinum (glanders) Syphillinum, Gonorrhinum and a host of others. Hahnemann, Lux, Hering, Swan, Burnett, Heath were always years ahead, sometimes as much as half a century, of Pasteur, Koch and Wright.

It was in 1831 that Hering, one of Hahnemann's greatest pupils, suggested the prevention of hydrophobia and smallpox, by the proving of their morbid products. It is a curious fact that radiant heat, also proposed by Hering for the cure of bacterial diseases, should have also been discovered by Pasteur. Did Pasteur's first inspirations come from Constantine Hering?

Anthracinum seems to have been the next in the field, prepared (from the spleen of animals affected with anthrax) by Dr. Weber according to Hering's propositions published in 1830, nearly ninety years ago! In 1836 Heber published his treatise on cattle plague treated by Anthracinum, also of men similarly affected, in which he claims to have cured every case. But the matter was severely ignored, except by the homœopaths.

It was Swan who introduced Gonorrhinum and Syphillinum: he published provings of the latter in 1880.

Burnett learnt to administer the virus of diseases in the treatment of disease from Skinner. He and others had been using the products of consumption as medicines years before Koch rushed into sudden and premature fame; pushed to the front by the Kaiser. He wrote in 1894, "There are but few viruses known to science that I have not used as therapeutic agents."

And now that the old school has got on to these homœopathic lines, their whole procedure has to change. It has been forced to change, by the tragedies that have dogged its steps.

Hahnemann laid down, for scientific medicine,—
The single remedy.

The single dose.

The initial aggravation, where remedy and potency were well-chosen. "This initial aggravation," he said, "must not be interfered with."

The period of reaction, when the patient was making good progress, varying, of course, with the drug and the disease, but still progress. (This period of reaction he said must also not be interfered with, at peril of increasing suffering, and retarding, if not risking cure.

Then the drop, when reaction had come to an end, and the medicine, if still indicated, must be repeated.

- Too soon repetition, he said, of the curative drug, risked the cure, and produced often great suffering.

Now that allopathy is dabbling in Homœopathy, what has it to say in the matter?

Wright tested the blood of healthy persons and consumptives with tubercle bacilli and examined them under the microscope, to see how they would behave. He found that the white blood cells of healthy people will gobble up (say) eight tubercle bacilli on an average. That is the reaction of health against tubercle. [You and I may be exposed to infection by tubercle: we may become infected; and we may overcome the disease many times in our lives; whereas persons with a hereditarily low resistance to tubercle (and certain animals, such as monkeys and guinea pigs) succumb easily to slight infection. They show no fight.]

Now supposing he gave a dose of Tuberculin to a man of low resistance, and again examined his blood. He found him in a worse condition. Instead of his white cells being able to gobble up perhaps four or five bacilli, they could only tackle two or three. He called this the "negative phase" (Hahnemann's initial period of homœopathic aggravation, you will observe). The man was more ill.

Then followed what Wright called the positive phase (Hahnemann's period of amelioration or vital reaction), when the man improved greatly in health, and his white cells came almost up to the healthy man's mark, in their power of dealing with tubercle.

But Wright found that if, during his positive phase (Hahnemann's period of amelioration), while the man was improving greatly in health, a second dose was given to hurry matters up, the improvement came promptly to an end . . . exactly as Hahnemann had said for all drugs used homœopathically. He

proved Hahnemann up to the hilt, as I said . . . that the period of improvement must be allowed to run its course ; that vital reaction must not be interfered with, or the whole cure was upset, and perhaps fatally endangered.

If medicine cured, surely the more medicine you could get in, the quicker would be the cure. But as Hahnemann has told us, medicine does not cure : it merely stimulates curative reaction in the body ; and this vital curative reaction, so long as it is in progress, must not be interfered with.

Another discovery of the old school, on homœopathic lines, is what they call anaphylaxis. That a dose of a remedy may create such a hypersensitive condition in regard to that remedy, that it may be extremely dangerous to administer a second dose . . . in some cases fatal.

Another great discovery of Hahnemann was the potentising of drugs. That by trituration and succussion, by continually decreasing the size of particles, you enormously increase their energy, till they come under new laws, undreamed of till of late. Hahnemann talked of them as being "potentised." Men of science of to-day talk of them as being "ionised." Science is defending Hahnemann to-day against his own weak-kneed and less faithful followers, who though subscribing to his law of likes curing likes, yet derided his single-dose dictum, and called his potencies "dilutions" . . . and treated them as delusions. Truth is true, whatever man may think of it. And science (so far as science is true) can only confirm truth.

Hahnemann's crown is at last being forged.

But, does Homœopathy work out in practice ? I may speak of things I know ; some of them I have done. As I do no private work you see, I am free to speak.

"The Mare, Lady, is going to foal. Last year she bit and kicked her first foal, and would not let it suck, and it died. What can we give her ?" "Oh ! indifference to offspring ? Sepia, of course. Give her a dose of Sepia." . . . And the foal arrived in due course, and Lady was the most devoted mother

of all the mares that year ; couldn't bear the foal a moment out of her sight ; grazed round it where it lay.

" Doctor, can you help a young man. It is his first baby, and he hates it. He cannot bear his wife to touch it. Her people had him shut up, but his people got him out again. I stayed with her all last night, and he was raving in the next room, banging about and smashing things. They are afraid he will kill the baby.

. . . " Oh ! Indifference to offspring " . . . he got a dose of Sepia. In a week, he came up himself, weepy, shakey, frightfully upset still, but better. The next report was " Doctor you know that young man who hated his baby. Well he is devoted to it now. He can hardly bear anyone to touch it when he is there. He is quite cured."

You see, Sepia is the drug that has caused and cured indifference to offspring. Mental symptoms, where they exist, are the most important in determining the required remedy.

Two remedies are especially useful in chilblains, Agaricus, where they are more painful when cold, Pulsatilla when they are more painful when hot. One of our doctors while in Chicago was converted to Homœopathy and high potencies by miraculously curing a bad case of chilblains with a dose of Puls. in high potency. They were so bad that his patient was confined to bed, and a couple of days later he met her walking in the street, quite well. I had such a case last week. " Doctor, you gave my daughter something for chilblains a month ago. You gave her a powder out of that cabinet. Well, they itched a lot that night, and the next day they were quite gone, and she has had no more. It was a marvellous cure." I glanced at my notes . . .

She felt the heat. She was weepy and changeable in disposition ; She was better out of doors. She loathed fats. She had Hahnemann's Pulsatilla symptoms, I could not have given her anything else. We have had ideal chilblain weather since, but hers have not come back. Next year she will come and ask for another dose, probably, but she may not.

A girl came up with a curious story. . . . She

was round, and rosy, and fair, a typist, working for a big railway company. She said, "I do not know quite how to tell you, but I have been living in a dream, and I have lost my employment because of it. I used to go home every night and tell them 'I am dead tired to-night, because I have been all day long in the trains, working my typewriter.' It needed the hardest proofs to convince me that this was not true. I believed it. Sometimes I believed that a rhinoceros followed me about, and into shops, and I told people so. I believed it. What am I to do? If, in the street, I pass a motor car, it is all I can do to prevent myself from saying to someone with me, 'Come, and I will take you for a drive in my car': and of course I have no car, and I cannot drive. What am I to do?" I was puzzled. I went across to the man I was working with. He put her on Cannabis Ind. and she got a dose, and only came up once or twice more. She had forgotten all that nonsense, and was quite well.

A man, stout and healthy looking, but gloomy and intensely depressed. Had a wife and children, a happy home, no worries. I prescribed Aurum. As he was going out I said, "Come and see me in a fortnight." He looked glum. "Don't you want to come again?" "I shall not be alive." "Why? Look at yourself in the glass, you don't look like dying!" "I shall fall dead in the street." He came again in a fortnight beaming. "I have forgotten all that nonsense," he said.

A woman suffering from insane jealousy of her husband. She was always looking at herself in the glass, because she said her face had changed. She was always peeping through the little window into their shop, to see what her husband was doing, whether he was flirting with the shop girl. Phos. helped her a little, then not. She got pretty bad, was found with a razor; came down into the shop in her night-dress; tried to do all sorts of extraordinary and mad things. They came to me in despair about her: she was not safe. We had a talk about her, and the doctor I was working with picked out the main symptoms, jealousy and suspicion, and of course she got Lachesis. I think

she needed a second dose a month later. And then she bloomed into her old self, smiling and happy, all the trouble forgotten. That is at least seven years ago, and she has remained well.

Of course in such cases there were no gross tissue changes : the trouble was not deep-seated, or it would not have yielded so easily ; and yet some of the cases were urgent, and might have become tragic.

And now I have bored you long enough !

FROM NORTHERN RUSSIA.

SOME OF THE WORK OF U.S. MEDICAL CORPS.

By CAPT. H. B. KINYON.

[Captain Howard B. Kinyon, son of Dr. and Mrs. C. B. Kinyon, of Ann Arbor, Mich., went to Russia with Field Hospital 337, of the Three Hundred and Thirty-ninth Infantry. From Archangel he writes enthusiastically of his work. Extracts from some of his letters are here printed, through the courtesy of Dr. Kinyon].

SINCE I last wrote you I have moved from Archangel. Lieutenant Danziger and Lieutenant Simmons, a dentist, are with me. We have established a hospital nearer the front than the one under Captain Martin (of Portland, Michigan). Lieutenant Cote and Lieutenant Howell, a dentist and brother of Dr. Howell (of Ann Arbor) are with Captain Martin's unit.

I have one-half of our old unit of Camp Custer, Field Hospital 337. We are in the finest city that I have seen in Russia. We have a large, fine building for our hospital. The men are quartered in a separate building, so they have a change when off duty. The officers' quarters are in the hospital. We have a large bedroom with three beds, a dining room, and a sitting room with a baby grand piano. So you see there is some class to us.

We have six wards in this hospital. We have patients in the Russian hospital in the city also. I am the senior medical officer in all this section, and supervise the medical detachment of the Three Hundred and

Thirty-ninth Infantry, and also the ambulance units, as well as the sanitary work in all this region. We have Canadian, British, French, Russian and American troops here. Of course, we have an enormous number of civilians as patients. We operate upon the Russians and later send them to the Russian hospital, so as to have the rooms for our own cases. We are saving our beds and medicines as far as possible for our own soldiers, but do all we can for the inhabitants.

Some cases of the civilians that come to us we send at once to the Russian hospital and then we go over there to see them. In this way we win and hold the good will of the people here as well as really help them. We have had our winter outfits issued to us, such as fur coats, fur lined overcoats, very heavy socks, such as are worn on the inside of heavy rubber shoes in the United States, also steel helmets, warm scarfs mittens and everything that will add to our comfort.

A great deal of the country through which I travelled is very low and swampy, but here it is high and dry. When we came we brought with us the first Red Cross supplies sent to the front in Russia. Upon reaching here we found that our men had been smoking leaves, tea and straw ground together and rolled in any sort of paper that they could find. The men saved the cigarette stubs for other cigarettes or to smoke in their pipes. You have no conception of their appreciation for the tobacco sent them by the American Red Cross, and I assure you they were a thankful set of boys.

Since coming to Russia we have not been able to obtain any baking powder at all. Yesterday I went through the drug store and found some drugs that we could use in making baking powder, and we had some fine hot biscuits with our 4 p.m. tea, and the next morning we had griddle cakes. These were very light, and from the way they disappeared they must have tasted good. As far as I know, this is the first unit in Russia to make its own baking powder.

Our trip here from Archangel was simply perfect. We had two Russian Red Cross nurses in this hospital, and they are very efficient indeed. At the beginning

of the war, in 1914, the Russian Red Cross was the most perfect in the world.

We have in this hospital a phonograph with a few double records. The patients enjoy it immensely, and keep it going in season and sometimes out of season. We also have some string instruments that we brought in with the Red Cross supplies. In our outfit I had \$50,000 of Red Cross property for the hospital and the men at this front. The front is sixty miles beyond here, and we often hear the booming of the cannon.

We have had snow here now for four days. Our hospital is further from the United States than any American hospital has ever been before; in fact, ours is the only general hospital in this part of Russia. We find the people on all sides are very friendly to us. Now the thermometer registers just zero outside of the operating room. At 7 a.m. it was four below, and did not seem cold.

* * * * *

I am still as busy as a bee. While we are not suffering from the heat I am sure we will not suffer this winter from the cold. There is plenty of wood on all sides of us. This region reminds one of northern Michigan, except that the trees are much larger and woods much thicker. I took a short walk through the town to-day, the first I have had in the ten days we have been here, and I am more sure than ever that we have the best building in the city. We light the lamps here at 4 p.m. To make our tea we use a Russian samovar, like mother's. It is very difficult for me to keep still while writing, as the little beasts are so very active and biting me all over. When I reach home you must have a big fire going out in the yard, and I will undress in the garage and throw all my clothes in the fire, and take some sort of an anti-septic bath and put on clean clothes before going into the house. One does not have to go to the French trenches to get the cooties. In France they now have places for our boys to go and get rid of the pests when the boys are off duty, but here we are all of us on duty all the time. You see we were in the

rainbow division, and have to start from the bottom up, and have nothing to help us as they have in France.

We have been moving so rapidly of late, being 200 miles from Archangel, that the Y.M.C.A. cannot even keep in sight, but I now think they will find us before very long, as we will probably remain here for some time, if not all winter. I have just had a meeting with a Russian doctor, recently back from the front, and have arranged with him to help us care for the Russian soldiers and natives. There are several Russian nurses here from Petrograd and Moscow, therefore we will be well supplied with nurses this winter. The stoves here in all the houses and buildings are like great big furnaces. We have thirty-six of them in this building to care for. I tell you they will eat some wood. There are a couple of Russian old ladies to help tend them, and it is really marvellous to see how little wood they require for each stove. They first build a large hot fire, and when it is well burned they close the stove up tight, and it keeps the room warm for many hours.

* * * * *

Yesterday I opened up another two-story hospital with eight wards and two kitchens. This is for contagious diseases. We have already admitted forty-two patients, so you see we will soon have a hospital. We are now doing operating and doctoring of civilians as well as soldiers. A few days ago several hundred Cossacks came into camp. They are very friendly and very efficient. We even have the Canadian artillery in a large field in front of our hospital going through with their practice, but they have no range, thank goodness. Since we left Archangel I have seen the commanding officer of all the medical and surgical units.

We all of us save the butts of all cigarettes and cigars, and put the tobacco in a four-ounce tobacco jar, and use this for trading with the natives for anything they have that we want, such as chickens, partidges, eggs, etc. A little tobacco will buy almost anything. For the four ounces we can buy eight chickens, and a chicken sells for thirty roubles. Each rouble is now

worth ten cents of our money. The regular value is fifty cents. You speak of feeling worried at not hearing from us. Now don't worry, for after the freeze up you may not hear from us before June. The authorities are trying to open up communication by way of the Baltic during the winter. If they succeed you may hear occasionally from us. It took the last Red Cross boat thirty-five days from New York to Archangel. Please send us clippings, and I know they will be appreciated and read until they are "worn to a frazzle." I mean to go to the front in a few days, to see how the medical units are making it go up there. They are under our control. Whenever our troops, any of them, take new fronts, we pick out and send them medical men as they need them. This we do for all of the Allied forces.

I am sure, father, that you will be interested in some details regarding our casualty list. We have comparatively few men killed up here, as the men are in the trenches most of the time. I have had several cases shot clear through the chest, and they recovered O.K. I have also seen many cases shot through the shoulders or upper arms, and if the bones were not hit they recovered very promptly. Even if the bone was hit, we expect them to recover, but not as rapidly, and some of them do not regain the full use of their limbs, but many do fully recover. From among the civilians we get many very bad cases. Some of them the worst I have ever seen. These cases have either not been treated at all or have been shamefully neglected until they have become infected, and then the results are terrible to behold. I will give you but two illustrations. A woman came into the hospital who had a Colles' fracture (wrist) many months previously. Nothing had been done for her, and the hand, wrist and forearm were riddled with sinuses and the scar tissue had drawn the parts out of all semblance of human form. The ligaments and tendons were bound down by adhesions, and the hand and wrist terribly swollen, very painful and absolutely useless. I tell you that it was some job to fix this up, requiring more than two hours,

but she has already gained some use of the hand, and in time it will be virtually perfect. Another woman came in whose arm had been caught in some sort of machinery nearly two years before I saw her. The bones of the forearm were only covered by thin, tender scar tissue. The whole forearm, wrist and hand were swollen and painful, and absolutely fixed and immovable. Nothing but amputation could be done for her. By these you will see we are doing a wonderful propaganda work up here. They tell us that we have all other agencies beaten along that line. They surely appreciate what we are doing for them, and it costs them nothing. We even give the Russian doctors medicine to work with. We have a very large outdoor clinic. My Russian doctor cares for it, and he is a good one too.

Yesterday we went over to the drug store and ordered what we would be likely to need for several months, and we will get the things too, as we have the money and permission from Uncle Sam to get them. In passing I might add that this river reminds me of our trip up the Rhine in Germany. I wish Uncle Sam would send his troops up here and clean up these Bolsheviki. Then Russia could do something for herself. You speak of wishing that I could have gone to France. Goodness gracious! I can go to France any old time, but this would be my only chance to see Russia, and what an experience it is. My work covers the whole subject of surgical, medical and sanitary science. You mention the things from the garden at home. What do peas, beans, carrots, beets, potatoes, corn, etc., look like? I have almost forgotten. I still have a can of tomatoes in my trunk that I bought in England, and some day we will have a banquet, probably about Christmas.

I want to emphasise the great help that the books the Red Cross allowed us to bring here are for the boys. I picked them out and coaxed the boat captain to give us room for them on the boat, and you may rest assured the boys are reading them, as that is the only reading matter we have. Words cannot begin to express the appreciation of the boys toward the Red Cross.

CASES FROM PRACTICE.

By DR. T. SIMPSON.

CASE 1.—Clergyman, aged 76, who contracted a severe chill in the month of March; while heated he sat in an exposed spot on a railway station platform. I found that he had been under treatment during ten days, and at my first visit he was in bed, perspiring freely, with a high temperature, and thirst, restlessness, had severe stitch pains in right side of chest every movement, and each deep inspiration caused aggravation of his pains, preventing sleep. He could only lie on the painful side. I found that the friction sounds of pleurisy were marked. I gave him Tincture of Bryony in the third decimal dilution every two hours. He expressed himself as much relieved next day, and no medicine was given for twelve hours. On the third day he got a minute dose of Sulphur every three hours (twelve doses) which sufficed to clear up the morbid indications. Nothing more was needed; he made a steady recovery.

CASE 2.—Miss P——, (daughter of above), aged 32, anæmic from a girl, for which she had taken (under orders) Palatinoids of Red-Bone Marrow, with Peptonate of Iron with conspicuous benefit. But after a long railway journey she was seized with a violent attack of vomiting, of dark sanious fluid, accompanied with severe pains in abdomen (colic). Atropin in the third degree, trit., 2 grams every three hours subdued the symptoms, but soon diarrhœa supervened, stools being copious, brown, gushing, exhausting her strength, and cold sweat on forehead, with vomiting of dark green mucus (aggravated by drinking) and retraction of the abdomen. Chilliness before and heat and weakness after stools. Veratrum album soon set her right. Her face was very pale, her skin cold, and hands blue; great thirst and great prostration remained. Valentine's meat-juice in small doses frequently was followed by gradual and permanent recovery, and she was able to travel from Criccieth to Stafford (her home) in a few days. Menstruation became

normal, and she was married and took a voyage to Malta soon afterwards, and remained well.

CASE 3.—Woman, aged 48, of phlegmatic temperament, applied for relief from a persistent slight menorrhagia (an oozing of thin dark red fluid from the uterus) which had lasted for three months. Prescription, Ustilago Madis, in the third dilution twice a day caused all her troubles to subside. She regained her wonted health, and remains free from any trouble.

MYALGIA OR TRENCH FEVER.—Myalgia is the name given to a painful affection, apparently involving the muscles or fasciæ. The connection with true rheumatism is not always obvious, nor is it even certain that the muscles or fasciæ are really involved ; but the disorder is often the direct result of damp or cold, or of excessive muscular exertion or strain. Possibly toxins or poisons absorbed from the alimentary canal are responsible for some muscular pains. Thus far Sir Frederick Taylor, and we need hardly look further for a demonstration of the weak nature of the evidence connecting myalgia with rheumatism. A generation ago muscular rheumatism was presumed to be associated with a gouty tendency and lithæmia. The crisp Anglo-American view we should expect to find in Osler and McCrae's System is not there ; myalgia is simply ignored. Dieulafoy also has nothing to say on the matter. It remained for the trenches to throw light on this as on other common ailments ; for "trench shin" and disabling muscular pains clamoured for investigation. The identification of trench shin as one type of trench fever was made early and is now generally accepted. In a letter to *The Lancet*, commenting upon Dr. R. D. Rudolf's "Trench Fever Cachexia," Mr. A. Bertram Soltau, Colonel, A.M.S., gives reasons for thinking that nearly eighty per cent. of the myalgias of active service are due to the toxins of trench fever. In March last Mr. Soltau circulated a note to all army medical officers in Flanders calling attention to the great variety of pains associated with trench fever, most of them, however, originating in the fibrous insertion of muscles. The nocturnal exacerbation of the pain and the fact that it is generally increased by warmth negative a muscular origin and distinguish the condition from a true myalgia. Trench fever pain has therewith reached some measure of precise description. It is not unlikely that a comparative study of ordinary so-called muscular rheumatism may establish the same or a similar toxic origin.—*Lancet*.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM APRIL 16TH TO MAY 15TH, 1919.

GENERAL FUND.

	<i>Subscriptions.</i>			£	s.	d.
Miss Green		10	6
Miss Neal		10	6
Miss Goulding	1	1	0
Mrs. Henry Wood	1	1	0
Mrs. G. Melville Wills	2	2	0

MAINTENANCE AND ADMINISTRATION FUND.

	<i>Donation.</i>					
C. W. A. Stewart, Esq	2	0	0

NATIONAL HOMŒOPATHIC FUND.

	<i>Subscription.</i>					
Miss Kate Simpson	1	1	0

The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 21st May, 1919, at 4.30 p.m.

The Annual General Meeting was held at 5, Chesterfield Gardens, W. (by kind permission of the Right Hon. The Earl of Donoughmore, K.P., P.C.) on Monday, 26th May, at 3.30 p.m. A report of the proceedings of this meeting will appear in the next (July) number of "THE HOMŒOPATHIC WORLD."

OBITUARY.

THE LATE DR. ARTHUR ROBERTS, OF HARROGATE.

By Dr. COMPSTON.

UNAVOIDABLE circumstances have prevented the writer completing before now the memorial notice of our late colleague, Dr. Arthur Roberts, of Harrogate.

His death occurred at his residence, 13, Park View, Harrogate, on December 29th last, in his 71st year.

Seven years ago he had what was diagnosed by an expert surgeon as cancer of the rectum. He came under the care of Dr. C. Hunt Cooper, and a remarkable cure followed; the surgeon telling me during our colleague's last illness that nothing was left but a small cicatricial mass. He developed trouble in one hip some years ago, which interfered with his freedom of movement a good deal, but in spite of it he led a very active life until shortly before his death. A few weeks before that occurred he began to suffer from symptoms which suggested malignant disease of the liver, leading to a speedy termination of life. In his last illness, as in his life, he was calm, cheerful, and courageous, facing the prospect of his passing with beautiful Christian fortitude.

On the last day of the year his remains were laid to rest. The funeral service was held at the Mayfield Grove Mission Hall, which place he had warmly supported. At the service were the widow, the three Misses Roberts, and the son, Lieut. W. A. Roberts, and other relatives. The town was represented by the Mayor (Councillor Fleming, J. P.), the ex-Mayor (Councillor Johnson), the Town Clerk (Mr. J. T. Taylor), and other officials. Dr. Laura Veale and Dr. Hinley Walker represented the Harrogate Medical Society. There were also present several nurses, ministers, head teachers, members of the School Clinics and other organisations with which Dr. Roberts had been associated, and a number of friends and patients mourning the loss of one whom they held dear. The

cortège afterwards proceeded to Keighley, where the remains were interred in the Cemetery.

Dr. Arthur Roberts was the seventh son of the late William Roberts, solicitor, of Rochdale. He was born at Rochdale on March 8th, 1848, educated at the Grammar School there, and then, after being apprenticed to a surgeon, took his medical course at the Manchester School of Medicine (the forerunner of Owen's College) and St. Bartholomew's Hospital, London. He received his M.D. at St. Andrew's, 1869, also in the same year taking his M.R.C.S. (England) and L.S.A. In 1889 he obtained his D.P.H. (English Conjoint Board). He had been for long a member of the British Homœopathic Society.

In the year 1870 he married Mercy, the daughter of W. Preston Holt, of Little Mearley Hall, Clitheroe, (Lancs.), and took her to his new home at "The Mansion House," Keighley (Yorks.) Their married life has been a very happy one, and Mrs. Roberts, as well as the three daughters (Lillie, Daisy and Dorothy), and the one son (William Arthur), survive him. In 1875 he was appointed Medical Officer to the North Keighley District of the Keighley Union. In 1876 he performed the first operation at the newly opened Cottage Hospital, to which he was Honorary Surgeon. In the same year he was appointed Medical Officer to the Local Board, and in 1877 to the Bingley Township also. The St. John Ambulance Association was introduced by him in 1883.

Whilst in the above district Dr. Roberts came into prominence during an outbreak of "Woolsorters' Disease" in Keighley, Bradford and Harden during 1880, and he held a seat on the Local Commission on the disease. He personally investigated several cases and contributed materially to its incidence.

At the request of the District Factory Inspector he prepared a report on its etiology, symptoms, prognosis, treatment and prevention. His recommendations, which were in agreement with those of the Chief Inspector of Factories, were ordered to be adopted.

Dr. Roberts was a popular lecturer, and delivered

several courses dealing with public health matters, besides the ambulance series.

In 1892 he left Keighley for Harrogate, where he gained a large practice, and found abundant scope for his large hearted activities.

Dr. Roberts has travelled both on the Continent and in America, and whilst in the latter country he visited many homœopathic doctors and institutions, and investigated various health resorts.

Homœopathy had in him a worthy representative at Harrogate, and although that Spa has its full quota of doctors, he earned the high esteem of allopathic *confrères*, who acted kindly towards him during his last illness. Descending from a Quaker family (his father was a friend of John Bright, and one of the doctor's treasured possessions was a letter from the celebrated statesman to his father), he had the zeal for right straightforwardness, and honesty of character associated with that worthy people; and put himself, heart and soul, into religious and philanthropic work. The writer has personally known him only for a few years, but he has found in him a loyal and lovable friend. His handsome, benignant features crowned by silvery locks, and the hearty welcome were themselves a benediction, and the spirit of friendly help made one feel the world not a bad place to live in after all. He will be missed by many, but especially by those of his own household, where affection reigned supreme, and to whom our sincere sympathy is extended.

A good character is the supreme asset of life, and at a time when goodwill, large heartedness, frankness and honesty are above all needed, the world is poorer by the loss of our friend, though his works will, doubtless, follow him.

He was fond of good literature, and himself has published an excellent treatise on "The Use and Abuse of Harrogate Waters," besides having written usefully upon electricity and X rays, tumours and cancers, and other subjects. His interest in, and knowledge of, Homœopathy was great, and he did much good work by its means in Harrogate.

DR. A. E. HAWKES: AN APPRECIATION.

By DR. T. SIMPSON.

OUR ranks have been sorely depleted of late, but perhaps one of the greatest losses we have sustained is that which has befallen us by the removal from our midst of Dr. A. E. Hawkes, who passed away at his home at Wallasey, Cheshire, after a very brief illness, in presence of his family. For us, who enjoyed the benefits and blessings of friendship, his departure comes as a sad surprise, cut down, as he was, in the midst of his various, arduous duties. The most striking trait in his strenuous career was the unselfish, untiring devotion he displayed in all the varied relations of his life. Unsparing of himself, he threw his whole resources into the service of the suffering. One night, at 9 p.m., I met him in a locality occupied by very poor people, when he requested me to see three or four patients with him, so that I might share with him the benediction of some seriously affected people if haply our united efforts might relieve the sufferers. We plodded along until 11.30. Surprised at his patience and fortitude, I questioned the wisdom of extending his labours to so late an hour, when he replied: "I could not sleep if I felt that anyone had been neglected whom I might have helped out of a dilemma." How often I warned him that he worked too hard, it was all to no purpose. He "died in harness," and such an issue was exactly the one he would have desired. He has left the community conspicuously impoverished by his departure.

DEATH OF DR. R. GIBSON MILLER.

WE regret to announce the death of Dr. Robert Gibson Miller, which occurred on Saturday at his residence, 10, Newton Place, Glasgow. Dr. Miller was well-known in medical circles in the city, and he took a leading part in the movement for the treatment of disease on the homœopathic principle. He was born in 1862, and was educated at Blair Lodge and the University of Glasgow, where he graduated in medicine

in 1884. Early in his career he was attracted to the study of Homœopathy, and with the object of testing the claims made for this system of medicine he undertook a visit to America. As a result of his investigations there Dr. Miller was convinced of the soundness of the homœopathic theory. On his return to this country he became one of its most enthusiastic advocates, and gave his active support to schemes promoted with a view to extending its practice. One of the enterprises with which Dr. Miller, along with other medical and lay supporters of the movement, was identified, was the dispensary in Berkeley Street, opened in 1909 for the medical treatment of the poor in accordance with the homœopathic principle. Later a fund was started for the establishment in Glasgow of the Houldsworth Homœopathic Hospital, on the honorary staff of which Dr. Miller was a leading member. He belonged to a family long associated with Paisley and Glasgow. His grandfather and father were merchants in the city. His father, who was at one time Provost of Hillhead, when it was a separate burgh, took a prominent part in public affairs, and was one of the promoters of the scheme for the establishment of the Botanic Gardens as a public institution. Dr. Miller is survived by his wife (a daughter of the late Mr. Peter Steven), two sons, and a daughter. A son was killed in the war. Dr. Miller took an active part in church affairs, and for twenty-six years was a member of the session of Claremont Church.

(Extract from "Glasgow Herald.")

Dr. J. Weir writes:—

"It is difficult to speak of Dr. Gibson Miller in measured terms. His whole life was an inspiration to those who were fortunate enough to come under his influence. His outstanding feature was earnestness, based on deep conviction. One felt as one spoke with him that here was a man with a mission in life—that of healing the sick.

"He was early convinced of the truth of Homœopathy, and during all his years of busy practice he never wavered from the path he knew to be right.

He found it all-sufficient for his needs, and his large experience only further convinced him that Hahnemann was right. His fidelity to the Law of Similars was the source of his great influence on many men, for it has been given to few to exert such a power and influence — as a proselytising agent he was second to none. Both directly and indirectly present-day Homœopathy owes him an enormous debt. He had a big fight to uphold Homœopathy in Glasgow, but his later years were greatly cheered by the large number of doctors and medical students he was able to convert. His greatest joy was to add another man to the ranks of homœopaths. And though he has now gone to his well-earned rest, his spirit and power will continue to exert their influence. Though dead, he yet liveth.

“ It may truthfully be said that he died a martyr to his profession. Against all advice, though he might well have claimed an easier time as a consultant, he continued to see large numbers of patients in very moderate circumstances. He keenly felt that it was his duty to give the benefit of homœopathic treatment to the greatest number. Here we see the true man, and there is no doubt that this great strain, combined with the awful anxiety for his sons during the war—one killed and two prisoners—hastened his end.

“ What Dr. Miller counted for among those to whom he dedicated his life cannot be better expressed than in the words of a patient of his, just to hand :—

“ “ It was very kind of you to let me know about Dr. Miller. We are inexpressibly grieved and shocked. We had no idea he was so seriously ill. Yes, it is an irreparable loss to all who knew him. I cannot adequately express the admiration and reverence I felt for him. He was the finest human being I had ever known ; a noble soul, selfless, and without a flaw. He has spent himself for others with never a thought for his own comfort or pleasure, wearing himself out fulfilling his self-imposed mission to humanity. It is impossible to find words to express what he was. He was wonderful ; one of the great souls who help their fellows. It is a real grief to me, and what it must be to his family and intimate friends one cannot

bear to think. You have my heartfelt sympathy. It was a privilege to all of us to have known such a man. But he has left us an impossibly high standard to live up to.'

"What of that for an epitaph?—'*He has left us an impossibly high standard to live up to.*' '*A noble soul, selfless, and without a flaw.*' "

Dr. M. L. Tyler writes :—

"Homœopathy has suffered a grievous loss in the tragic and untimely death of Dr. Robert Gibson Miller, of Glasgow. But if his great soul was early released from the burden of the flesh, there stood already a grand life-work to his account, and he leaves behind him an example of kindness, helpfulness, devotion and high honour that will live on in the lives of the many he healed—helped—trained—influenced. He was one of those who had toiled much 'and not been paid profusely,' for he chose to work himself to death for such minimal fees as placed his services within the reach of the poor. Here was the biggest man doing the best work for the poorest reward—as earth counts of reward! Sorrow and anxiety, and then deadly sickness, laid heavy hands upon him at the last. Of his three sons, one was missing, and has never since been heard of, while the other two became prisoners in Germany. And although the prisoners came home, it was only to brighten the last days before he, too, passed, to rejoin the beloved son waiting for him beyond the shadows, where the glory shines and the glad welcome rings for such as he—'Well done, thou good and faithful servant.'

"Of striking personality, tall, thin, forceful, earnest, Dr. Gibson Miller commanded universal respect and affection. 'If you once saw him you would never forget him,' was the way in which he was once described. For such men as he, 'doing the King's work all the dim day long,' up and down in odd corners of the world, we have indeed to thank God.

"Dr. Miller was a pupil of Kent's some thirty years ago. To the last, Kent was to him 'my revered

master.' And it speaks volumes for Kent's teachings, or rather Hahnemann's (of which Kent was merely a later exponent) that a man of Dr. Miller's character, force, talent and experience, should have been working faithfully on their identical lines to the day of his death. He simply saw the truth and followed it. But, keen homœopath as he was, he had no idea of forcing his convictions down other men's throats, or of taking advantage of their inexperience. He desired no blind discipleship, for in 1909, when advising in regard to the Scholarship scheme for training men in Homœopathy, he wrote: 'I always endeavour to get my young men to spend a year in a general (allopathic) hospital, so that they may know both sides, and be also thoroughly trained in diagnosis, which, alas, is the weakest point, as a rule, with us homœopaths.'

"Glancing through a pile of his letters for the last fourteen years, one is reminded how great is one's debt to Dr. Miller for his unfailing kindness and help and encouragement—the person one always turned to for sound advice. The Scholarship Scheme would have been a failure but for his knowledge of the greatest teachers, and but for the scholars (already kindled and imbued by himself) that he provided; whose help, later on, he was even ready sorrowfully to forego, if it was for the good of the cause that he had so greatly at heart. And again, with the Repertory Cards that help some of us to do quicker accurate work, it was Dr. Miller's experience that settled which were the rubrics of the greatest use for the purpose. No-one will ever know what Homœopathy owes to Dr. Gibson Miller, of Glasgow. If we homœopaths go forward and make the strides that we shall make now that the nightmare of fiendish war has been lifted from the land, it will be largely owing to Dr. Gibson Miller.

"Three times his personality stands out vividly to the mind's eye—as the tall, kindly but authoritative President of one of the Sections at the World's Congress of Homœopathy in 1911—as the long, lean, grey-clad figure, darting about from flower to flower at Kew, full of enjoyment in the sunshine of a half-holiday, and manifestly in his element among the

plants and trees and herbs—as the man who, overwhelmed with work, yet found time when appealed to to come South and deliver his splendid paper on ‘*The Comparative Value of Symptoms in the Choice of the Remedy*’ to the Society, and then stayed on one day more to head a Conference table, and answer questions and solve problems for us all, out of his great experience. His earnestness and conviction carried immense weight, and his letters show how extraordinarily pleased he was with his reception on that occasion, and ‘profoundly surprised.’ He had not realised that there was such interest in London for Homœopathy as expounded by Kent and Hahnmann, and by himself, their faithful follower and exponent.

“Dr. Miller did not write much, but we owe him also his *Synopsis of Homœopathic Philosophy* and his small book, always at hand for reference, on *Relationship of Remedies*.”

VARIETIES.

HYSTERICAL VOMITING IN SOLDIERS.—The war has given a great impetus to the study of functional nerve disease, and the literature of this subject promises to become a large and important one. The emotional stress and physical strain produced by the conditions of warfare are such as to provoke various neuroses, particularly in those predisposed to them. When these functional derangements are referred to the viscera their nature is likely to be overlooked. *The Lancet* of January 4th published an interesting paper on hysterical vomiting in soldiers by Captain W. R. Reynell. He points out that the physterical nature of vomiting occurring in soldiers is liable to be overlooked, and the condition thus often recorded and treated as if it resulted from some organic disturbance, such as gastritis. Captain Reynell gives a valuable definition of hysterical vomiting as “the perpetuation by suggestion of a symptom, due in the first place to a pathological condition such as that caused by gassing, dysentery, phthisis, or appendicitis.” He states that gassing is the most frequent exciting cause of hysterical vomiting in soldiers, but he has observed that in a number of cases the vomiting is referred to an attack of dysentery, trench fever, or other infection. In either case the vomiting persists as an hysterical symptom long after the original exciting causes have ceased to be operative. In some cases the origin appears to be

purely emotional. The vomiting may occur after every meal or only once or twice a day, while in mild cases there may be intervals of several days and the attacks of vomiting may be traced to emotional upset or to sudden excitement. The vomiting may be preceded by epigastric pain, which is relieved when the vomiting has occurred. It seems to be independent of diet in the majority of cases. There is an absence of any sign of organic disease, though wasting to the extent of the loss of several stones in weight may occur. The examination by X-rays after a barium meal shows nothing abnormal and the stomach empties at the normal rate unless vomiting occurs. Captain Reynell states that the diagnosis is not usually difficult, and depends upon the persistence of the vomiting in the absence of signs of organic disease, especially when there is a history of gassing or emotional stress. He points out the importance of recognising the hysterical nature of the condition, owing to the fact that in a considerable proportion of cases the vomiting persists indefinitely in spite of dieting and treatment by medicines or by rectal feeding, which tend rather to prolong than to cure it. The treatment recommended by Captain Reynell is to impress upon the patient the fact that his case has been thoroughly investigated, and then to explain the origin of the symptom and to indicate that it has now become converted into a habit. If necessary, a stomach-tube is passed before meals for its suggestive effect upon the patient. He is told that it is a method which does not fail, and that it will depend upon him how often the tube need be passed. Captain Reynell found that the vomiting usually ceased after a week or ten days, and that in patients of superior intelligence it is frequently possible for a cure to be effected by psycho-therapy without the passage of a tube. He adds a note to his paper expressing the opinion that hysterical vomiting is frequently overlooked in civil practice, and that many cases of chronic vomiting are hysterical in nature. He goes so far as to maintain that it is probable that most, if not all, cases of the pernicious vomiting of pregnancy are purely hysterical. While we should not be prepared to subscribe to this view without further evidence, Captain Reynell's paper is interesting and suggestive, and should lead to a more careful examination of cases of persistent vomiting of obscure causation in civil practice, in order to eliminate the possibility he suggests of hysterical persistence in vomiting, originally of organic causation, when the primary cause has ceased to be operative.—*Lancet*.

SERGEANT'S "WHITE LINE" IN SUPRARENAL INSUFFICIENCY.—Dr. E. Sergeant was the first to draw attention to the presence of a white line on the skin produced by pressure as an indication of impaired function of the suprarenal capsules. He made this discovery by accident (*Presse Médicale*, Nov. 25th, 1903) while endeavouring to elicit the "red flush" in a case of meningitis, and he interpreted its occurrence as a condition of arterial hypotension with consequent dilatation of the peripheral capillaries, in which a mechanical

stimulus to the skin produces local reflex vaso-constriction. The importance of the sign lies in its alleged appearance in suprarenal derangement, even when the melanoderma typical of Addison's disease is not present. The study of the phenomenon has led, in fact, to a recognition of the frequent occurrence of suprarenal insufficiency in various morbid conditions, especially in infective diseases and intoxications. A bronzed skin does not constitute in itself the whole suprarenal pathology; it is neither necessary nor sufficient to establish the diagnosis of a capsular lesion, while asthenia is of primary importance in the symptom-complex of suprarenal insufficiency, and this asthenia is usually associated with hypothermia and arterial hypotension. According to Dr. Sergent, the sign of the white line, when it is present in a characteristic form in the course of an infective malady or acute toxæmia, associated with asthenia and arterial hypotension, indicates changes in the suprarenal cellules; the greater the hypotension the more the line is distinct, broad, and lasting; and it is especially in cases of typhoid fever that these characteristics are most marked. The suggested cause of this sign finds its confirmation in the fact that *Adrenalin* administered to the patient causes the disappearance of the white line, together with the hypotension. Further observations on Dr. Sergent's white line have called forth much criticism as regards its inconstancy or its absence in many cases of suprarenal insufficiency, or its true interpretation. Professor R. Massalongo, of Verona, has done some service in investigating a large number of cases with a view to clearing up these points of difference. He studied the phenomenon of the white line, produced not by scratching the skin with the nail, but by ubbing it lightly with the finger tip or some blunt rounded instrument. Out of 400 cases of various diseases he found the white line in an unequivocal form only in thirty cases, and even then often in a transitory and irregular manner; and of these 22 were cases of typhoid and paratyphoid fever, which constituted 120 of the whole number. His observations led him to the conclusion that diminution of the angiotonic function and cardiotonic power may exist without the presence of the white line and of other symptoms of suprarenal inadequacy, and that arterial hypotension, asthenia, and collapse are not the exclusive function of this inadequacy, since they occur in the course of acute infective diseases independently of it. He found the presence of the line always associated with arterial hypotension and frequently with other symptoms attributable to suprarenal derangement, which, on the other hand, may exist without its presence. Hence by its rarity, inconstancy, and transiency, by its presence or absence in equal proportion in cases where changes in the suprarenal capsules were indisputable, the white line can only be credited with a relative diagnostic importance and significance, and cannot be considered as pathognomonic. It has, however, some value from a prognostic point of view, since its maximum frequency is met with in cases of serious import with almost invariably a fatal issue.—*The Lancet*.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Forster (Emily L. B.). *How to Become a Woman Doctor*. With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.

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King (F. Truby). *Natural Feeding of Infants*. With an introduction by J. S. Fairbairn. Cr. 8vo, swd., pp. 33, net 1s.

Lukis (the late Surgeon-General Sir Pardey and **Blackhaur** (Col. R. J.). *Tropical Hygiene*. 2nd impression of 3rd ed., revised and enlarged. Cr. 8vo, net 6s.

Rose and Carless's *Manual of Surgery for Students and Practitioners*. 9th ed. 8vo, pp. 1,408, net 25s.

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Stewart (G. N.). *A Manual of Physiology* 8th ed., 8vo, pp. 1,269, net 21s.

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the **MANAGER** of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Compston, Crawshawbooth.—
Mr. E. Frost, Chelmsford—Mr.
Dudley Wright, London—Dr.
Simpson, Liverpool.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med. Fran Homœopathiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.—
North American Journal of
Homœopathiy.

The Homœopathic World.

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By P. C. Varrier-Jones, M.A., Cambs.,
M.R.S.C., L.R.C.P.

Homœopathy. By Dr. M. Tyler,
London Homœopathic Hospital. Report
of the Sixty-ninth Annual General Meeting.

HOSPITALS AND INSTITUTIONS,

Croydon.

NOTIFICATIONS.

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SOCIETY'S MEETING.

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED) :

Receipts from 16th March to 15th April.

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THE
HOMŒOPATHIC WORLD.

JULY 1, 1919.

THE INTERNATIONAL HOMŒOPATHIC
COUNCIL.

A MEETING of the Acting Committee of Council was held on Thursday, June 5th. Letters were read from homœopathic physicians in foreign countries, including Dr. S. van den Berghe of Ghent; Dr. Sutherland, of Boston; Dr. Hamilton Biggar, of Cleveland; Dr. Arriarga, of Mexico City; Dr. Seelenmayer, of Melbourne; Dr. Majumdar, of Calcutta; Dr. Voorhoeve, of Utrecht; and others, relative to different International aspects of Homœopathy. Also letters recently to hand were produced from Belgian physicians, in response to communications despatched to them in August, 1914, but held up until active hostilities had ceased.

The main subject discussed by the Council was the date and country for the assembly of the next International Congress. A letter from Dr. Sutherland, of Boston, U.S.A., had been received, suggesting that America in 1920 or 1921 be the place of the meeting.

It was considered, however, that as most of the countries of the world were still in a state of belligerency, it was not possible at this juncture to decide either when or where the next International assembly should be held. Moreover, it was thought that Homœopathic Institutions in European countries should first be re-established, and National Homœopathy be once again active, ere International problems and interests could profitably be discussed.

A suggestion was made and unanimously agreed on that the most judicious step would next be to hold a meeting of the *International Council* at the Hague, or in Geneva, in the summer of 1920, and to this meeting be invited the best brains of Homœopathy the world over, to confer as to the summoning of Congress and other matters to be submitted to the General Congress assembly when next it was held. This meeting in fact would be the equivalent of the Council Meeting called at the Hague in August, 1914, but of which international politics prevented any materialisation. This suggestion was accordingly at once transmitted to the American Institute of Homœopathy, now in annual session, for consideration and concurrence. So soon as an official reply is received, due announcement will be made.

GEORGE BURFORD,

Acting Secretary of Council.

C. GRANVILLE HEY,

Corresponding Secretary.

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NEWS AND NOTES.

PRESIDENT OF THE L.H.H.

Major-General Lord Cheylesmore, K.C.V.O., K.C. M.G., has accepted the office of President of the London Homœopathic Hospital, Great Ormond Street, W.C.1. The Hospital completed seventy year's work in Great Ormond Street, Bloomsbury, on April 10th last.

GELSEMINUM IN INFLUENZA.

In a summary of treatment on Influenza in the *Prescriber* it is of interest to find our old friend Gelseminum highly praised. It was used in comparison with Aconite, Acetyl Salicylic Acid, Sod. Salicyl., Belladonna, Arsenic, Quinine and Dover's Powder, groups of patients being treated with each remedy. Gelseminum proved much the most satisfactory, and Belladonna next to it, and no homœopathist will be much surprised to hear it.

THE DEATH OF MRS. KNOX SHAW.

The deep sympathy of us all goes out to Mr. Knox Shaw in the grievous loss he has sustained through the death of his wife. In these griefs there is little comfort to be given by words, but all who have been privileged to know Mr. Shaw are well aware of the inexhaustible fund of sympathy for suffering that he has ever ready at need. Now that a heavy blow has fallen on him, we should like to pay him full tribute from hearts which he in the past has so often lightened.

THE BRITISH HOMŒOPATHIC CONGRESS, 1919.

It has been decided to hold the Congress meetings of this year on September 25th and 26th, in London; and arrangements are in progress to ensure a Congress of unusual interest and importance. The President is Dudley Wright, Esq., F.R.C.S., whose splendid war work in France is known to all. The Physics and Therapeutics of the Metallic Colloids will be examined by Dr. Charles E. Wheeler, M.D., and Dr. S. Judd

Lewis, D.Sc. Further, the relations of the new Ministry of Health and its subordinate bodies to the Homœopathic Institutions of the country, will be considered from the professional point of view by Dr. George Burford and Dr. Edwin Neatby. It is expected that the far-reaching importance of the Act creating and defining the duties of the Ministry will be explained by a distinguished member of the House of Commons on this occasion. The full programme of Congress will be issued so soon as the full detail has been completed.

GEORGE BURFORD, M.B.,
Secretary and Treasurer

35, Queen Anne Street,
Cavendish Square,
London, W.1.

TINCTURE OF IODINE IN ERYSIPELAS.—Dr. William Keppler (*The Medical Clinic*) considers a ten per cent. strength of tincture of iodine, vigorously painted over the affected area and surrounding tissue, an efficacious remedy in the treatment of this affection. He emphasises the importance of its application in equal strength to all of the affected area including the folds, wrinkles and recesses. Where the diseased part is smooth and of easy access the preparation is applied by means of a tampon of iodised gauze, a second application being made at once after the first one has dried. The iodisation must extend beyond the part implicated by at least a hand's width, to insure successful results. Direct application of the tincture to the affected area, and principally the spots which are difficult to reach, is essential. Subsequently, an equal distribution of the remedy may be effected by means of a gauze or cotton tampon. After the first application, in the majority of the cases, a prompt recession of the symptoms is noted. The temperature drops to normal, occasionally even less, while the subjective disturbances often vanish as if by magic; an extension of the redness distal to the brown margin of the iodine application is not discernable. He states that such favourable results cannot, of course, be expected, especially not upon the temperature curve, when other morbid processes complicate or are secondary causes of the disease. But even here the cutaneous process itself is influenced in a like favourable manner. He lays stress on the fact that even where the erysipelatous skin is covered with vesicles, it tolerates well the iodine applications, and in this regard does not differ from the normal skin. Only occasionally does a slight burning sensation manifest itself. In his experience, no remedy compared in the slightest degree with the success of the iodine (10 per cent.).

ORIGINAL COMMUNICATIONS.

PAPER ON SOME OF THE COMMONER SEPTIC FOCI; THEIR RESULTS, PATHOLOGY, SYMPTOMS, DIAGNOSIS AND TREATMENT,

By A. HENRY SEELENMEYER, M.B., B. S. (Melb.),
F.R.C.S., etc.*

MR. PRESIDENT, and Members of the Melbourne
Homœopathic Society :

In a recent number of the *New England Medical Gazette* there appeared a paper by Dr. J. P. Sutherland, of Boston, on "Obstacles to Recovery," the title being taken from the third paragraph of the *Organon*, which is, briefly :

(2) "If the physician has knowledge of all these things (*i.e.*, of disease, of the powers of medicine, of the choice of the remedy, of the suitable dose, and of the fitting period for its repetition), *and if, in addition, he recognises in every case the obstacles to lasting recovery and can remove them*, then truly he understands how to build up his work on an adequate basis of reason, and he is a rational practitioner of the healing art."

In erudition, in sound common sense, and in mastery of English, the paper was a notable one. Dr. Sutherland pressed for the necessity of taking account of the *totality* of the symptoms—or in other words for an accurate diagnosis—and he gave numerous instances of the futility of expecting a cure due to treatment with medicine alone when organic disease was present, such organic disease being not always the whole malady, but being frequently an obstacle to recovery.

The homœopath ought to go into symptoms in detail, and so he generally does, but very often with but one object in view—the selection of the remedy.

He should remember that the term "symptoms"

* Read and discussed at the June and August meetings of the Melbourne Homœopathic Society.

¹ New England Medical Gazette—Sutherland.

² Hahnemann—Organon of the Rational Art of Healing, Wheeler's translation—Everyman's Edition.

includes—besides all that the patient can tell him—the results of his examination by every means at his disposal. The result then will be that he has a picture of the patient as a whole which may be too full and too accurate to be labelled with the name of some particular disease.

It is interesting to note that in regard to nomenclature of disease Sir James MacKenzie says: "Mental effort is hard work, and painstaking inquiry into the nature of symptoms may be shirked by the use of some fine name that seems to embrace the subject under consideration. Hence it is that the symptoms present in affections like angina pectoris are not generally analysed, while an all-embracing name like neurasthenia, being turned from a specific into any convenient meaning, serves for the designation of many heterogeneous and undefined cases."

I need not labour the point any further. I hope to make my meaning as plain as possible by concrete examples.

I have chosen to address you on the subject of Septic foci because experience has taught me that focal sepsis is often both the *fons et origo mali* and the obstacle to lasting recovery.

It is a wide subject and one poorly taught in the medical schools. In British text books it is dealt with from the standpoint of those acute dangerous conditions so rampant in pre-Listerian days. In journals portions of the subject from the standpoint of chronic disease are often discussed, but for any presentation of the matter as a whole we have to turn to America.

[But I must except McKenzie's "Principles of the Diagnosis and Treatment of Heart Affections"⁴.]

Billings's "Focal Infection"⁵ is a classic, and deserves a place on the desk of every medical man.

In Musser and Kelly's treatment, Vol. IV.⁶ the subject constantly crops up in considering the diagnosis

³ McKenzie—Symptoms and their Interpretation, p. 15.

⁴ McKenzie—Principles of Diagnosis and Treatment in Heart Affections.

⁵ Billings—Focal Infection.

⁶ Musser & Kelly—Vol. IV.

of systematic diseases, as well as in articles more directly devoted to it, and in " Monographic Medicine " some space is devoted to chronic sepsis and septic poisoning, etc.

To some of the other literature I shall refer through the paper.

My object is to show you from actual cases the practical importance of the subject, and to refresh your minds in the diagnosis of some of the " obstacles " of this particular nature.

The subject will be dealt with under the following heads :—

- (1) *General* symptoms produced by a septic focus.
- (2) Local and systemic diseases due to focal sepsis,
e.g.,

Neurasthenia, so called ;
Pernicious Anæmia ;
Cardiac disease ;
Asthma ;
Arthritis of various types (including
Rheumatism) ;
Goitre ;
Disease of the lymph glands ;
Chorea ;
Appendicitis ;
Gastric and duodenal ulcer ;
Cholecystitis ;
Pyelitis.

- (3) The symptoms, diagnosis and treatment of the commoner foci themselves, *viz.*, Dental, Tonsillar, and Nasal.

- (4) A brief *résumé* of the pathology of septic foci as causes of systemic disease, with a short account of some of the more interesting bacteriological work.

Before considering the general symptomatology it will be well to premise that a septic focus produces its evil effects in either one or two or in all three ways :

Firstly—by the elaboration of bacterial toxins and by their diffusion into the blood stream of the host, with resultant poisoning of all tissues, *i.e.*, systemic intoxication.

Secondly—by *bacterial metastasis*, that is, bacteria are carried by the blood stream to other parts and there lodge, multiply and form other foci of infection either *acute* or *chronic*. These “other parts” may be any tissue in the body, bone, joint, muscle, cartilage, fibrous tissue, nerve, etc., etc.

Thirdly—by *Lymphogenous Infection* through the lymph channels and glands. This, for example, is a frequent mode of infection of the mediastinal glands from tuberculous cervical glands, which themselves are secondary to tuberculous infection of tonsils or teeth.

General Symptoms.—Are there any general symptoms of which a patient complains which will lead us to suspect chronic sepsis? Most assuredly there are.

What Sir James McKenzie has written of the symptoms of disease (speaking in general) may well be applied to the conditions under consideration. He says:⁷ “What is called health is the harmonious action of all the organs. Ill-health or disease, is the discordant action of one or more organs. There is a certain sense of ‘well-being’ present in every healthy individual. Until the health is impaired one is barely conscious of having possessed it, and its impairment is the first sign conveyed to the individual that all is not well with him. This first sign is some disagreeable sensation arising from *no apparent cause, or brought on by some event that hitherto had caused no discomfort.*”

The pre-eminent symptom is a “sense of exhaustion.” (The term is McKenzie’s.) This may vary in degree from the “impairment of the sense of well being” though “easily tired,” “always tired,” and the “tired feeling,” to inability to get through the ordinary tasks and duties of life. Many such cases are classed as neurasthenia. Not all neurasthenics are suffering from chronic toxæmia, but most persons with a septic focus are more or less “neurasthenic” in the generally understood sense of the term.

Patients may come complaining specifically of “the tired feeling,” or the symptom may be elicited from them in cross-examination, or they may deny the presence of the symptom and discover that it *was*

⁷ McKenzie—See No. 3.

present only *after* the septic focus had been dealt with. Thus one patient with septic tonsils with whom this question was not discussed before their enucleation, volunteered the information two months after operation that although busy, she was not "tired" like she was.

Another, whose tonsils had been removed partly on account of their huge size (almost meeting in the mid line) with resultant chokiness and discomfort, and partly on account of rheumatism, denied before operation the presence of any sense of fatigue.

Afterwards, however, she stated that she woke up fresh in the morning and felt entirely different, and she related how she formerly was never fresh on awaking, and what an effort it was to rise, while the preparation of the baby's bottle seemed a terrible task.

It is noteworthy that patients themselves know quite well that the sensation is not one of ordinary fatigue. They write the word *tired* in inverted commas, and many of them eliminate all the ordinary sources of fatigue only to find that the "tired feeling," as they then dub it, is still present.

Even in the milder degrees everything is an effort, no matter whether it be mental or physical. The patient has to goad himself to do anything. He complains that although he goes to bed early for weeks at a time, yet he "cannot get enough sleep," that he wakes as tired as when he went to bed, and that he is sleepy at all times. Further, there is a frequent mental depression with a good deal of irritability.

He may notice that not only is there a general sense of exhaustion induced by ordinary effort, but that in addition there is at the same time decided shortness of breath, perhaps accompanied by tightness across the chest or by cardiac pain. He naturally believes that he has some cardiac disease: his myocardium is certainly poisoned and its reserve force greatly lessened.

The myocardium may in time come to bear the brunt of the toxæmia, with a resultant toxic myocarditis and dilatation more or less chronic.

The legs seem weak and easily ache. They may even give way. There may be vague muscular pains all

over the body.⁸ McKenzie's description of the sense of exhaustion is as follows: "The sensation is one of limpness, the legs feel as if they would not carry the body, the brain feels fatigued, and the individual may become dizzy and stagger, and in extreme cases feel compelled to lie down to prevent an attack of faintness, and syncope may occur. This sensation varies greatly in degree, but it is so common that probably each of you has experienced it—as, for instance, after first getting up after a more or less severe illness. . . ."

In another place he says "the sense of exhaustion comes on at unexpected times as well as during effort." As has been noted, it is often present first thing in the morning.

In my own practice the practical application of this knowledge is twofold. *Firstly*, if a patient complains of the tired feeling I immediately think of sepsis, but first take care to exclude diabetes, tuberculosis, rapid growth, anæmia, etc., and in women uterine disorders, then I proceed to hunt for the foci.

Secondly, in any systemic or local disease which may be due to a septic focus, I question as to the presence or absence of this sense of exhaustion. If it is present, and there is no other cause for it, I regard it as a strong presumptive evidence of focal sepsis. Such a disease, for example, is *Goitre*, but here it is important to determine whether the tired feeling *preceded* the appearance of the goitre, or was a later manifestation. In the first instance it is likely that the goitre is a toxic one. In the second that there is some hypothyroidism, as there often is in the early stages of some goitres. It is worth noting that a patient may suffer much from the sense of exhaustion and yet may look well and flourishing.

Let me quote a few cases:

Cases.

(1) Miss F.A., age 23.—"Always tired." Mother says since she was seven years old, but she has certainly been more tired in the last six to twelve months.

⁸ McKenzie—Principles of Diagnosis and Treatment, &c. p. 87.

⁹ Percy—Surgery, Gynæcology and Obstetrics, May, 1917.

She was a big girl but had finished growing some years ago. There were some nasal symptoms, and a chronic sinusitis of the antrum of Highmore was definitely diagnosed. It dated, in all probability, from an attack of pneumonia at about the age of seven. She has not yet been operated upon, but I have no doubt as to the ultimate result.

(2) Miss D.P., aged 25.—Complains of the “tired feeling” (her own words). Sister says always tired. Has never had an illness. Is a fair walker. Tired when gets up—can’t get enough sleep and is tired, no matter how much she gets. Examination by myself and the dentist disclosed gross dental sepsis, and definitely septic tonsils. Teeth have been extracted, and she is to report herself later. (Tonsils since removed with great improvement in vigour and activity.)

(3) Miss O., domestic servant, aged 40.—Has had a bad cold for a month, and has had “catarrh” for twelve years. Lately she noticed decided shortness of breath on going upstairs. Polypi in nose.

The rhinologist found both antra grossly infected, and ethmoidal sinusitis. I saw her the other day. Both antra have been cleared up and she feels very much better, but “can’t bustle about yet,” to use her own words. Her apex beat was then quarter inch internal to the nipple line whereas formerly it was in or just outside of the nipple line.

(4) Miss R., age 60 school teacher.—Complaining of nasal discharge, etc. Lately easily tired and a bit short-winded. Examination showed infection of right antrum of Highmore, and probably of the right frontal sinus.

In the following two cases the sepsis has been dealt with, and they afford proof positive of its influence in the production of the symptoms under consideration.

(5) Mr. S. H., clergyman, aged 55.—Joint troubles (to be more fully described under the heading of arthritis) due to pyorrhœa.

I saw him the other day and questioned him as to his general health, and as to how it compared with his condition before his teeth were extracted. He said, “I feel quite able for my work now, and it is a pleasure

to me. Formerly all brain work or effort was difficult, in fact, I couldn't think clearly or concentrate my mind on things. I feel wonderfully better in every way."

(6) A young man with the tired feeling and limitation of effort, both gradually increasing. On one holiday he tried to exercise himself as was formerly his wont with the result that he returned home with sub-acute cardiac dilatation which subsided with rest. He came to the conclusion that he had a weak heart and would always have to be careful. Finally he was pulled up by marked shortness of breath and exhaustion on ascending a short flight of steep stairs. Cardiac pain was introduced by any strenuous exercise, and was sometimes present during rest—which symptom is stressed by McKenzie as indicative of toxic poisoning of the myocardium. The removal of separate tonsils made a different man of him. He felt "as if the brake had been removed," is now full of vim, can indulge in strenuous exertion, is fresh in the mornings, has altogether lost the deadly feeling of prostration and limpness which was formerly induced by cranking up a motor car two or three times, and has also quite lost the depressed feeling so often present before.

DISEASES DUE TO FOCAL SEPSIS.

(1) NEURASTHENIA.

This has already been sufficiently discussed. It remains only to add that those who suffer for long periods from the effects of undiscovered or untreated focus of infection do become very neurotic and self-centred, partly of course from the ever present sense of "lack of well being," but largely also directly from the depressing effect of the toxins on the vitality of all the tissues.

A physician remarked to me that his awakening to the frequent presence of chronic sepsis in neurasthenics had given him a new interest in such cases.

(2) PERNICIOUS ANÆMIA.

Of this disease I have no special experience. I wish only to draw your attention to an article by an

American surgeon in which he sums up the treatment of pernicious anæmia under three headings :

1. Cure of any septic foci.
2. Transfusion.
3. Splenectomy.
3. NEURITIS (*et hoc genus omne*).

I have no further case illustrative of a definite neuritic due to such a cause, although vague muscular and neuritis pains are common enough. But it is worth recording that an English writer,¹⁰ reports a case of sciatica as having been completely cleared up by opening the bulla ethmoidalis from which a few drops of pus escaped. No other portion of the ethmoid was diseased.

4. ASTHMA.

There seems to be some relation between bronchial asthma and anaphylaxis. Anaphylaxis may be briefly described in this way :¹¹ " If a foreign protein gains entrance to the body parenterally, *via* the blood-stream or the lymphatics, the animal body always responds to the parenteral introduction of the foreign protein by the production of specific antibodies to that foreign albumen. The formation of the specific antibodies requires a certain period of time. After this interval a second introduction of the same protein, again by a parenteral route, results in a union of newly-formed antibody with the foreign protein (antigen), which may excite physical phenomena of an explosive character, the so-called anaphylactic shock. In man the typical phenomena may consist of bronchial spasm, urticaria and fall of blood pressure.

" In some individuals urticaria or Bronchial Asthma may be the only expression of anaphylaxis."

Osler¹² says that " it is important to remember that in the subjects of asthma to whom injections of diphtheria or other antitoxins are given anaphylaxis may be induced with a rapidly fatal termination."

¹⁰ Thompson, J.A.—Laryngoscope.
(1917, XXVII. 643—quoted in International Abstract of Surgery (nose, throat and mouth); Surgery, Gynæcology and Obstetrics, February, 1918.)

¹¹ Billings—*loc. cit.* p. 24.

¹² Osler—Principles and Practice of Medicine, 1912.

If we recollect that in bacterial toxins there are foreign proteins which are constantly finding their way into the body parenterally, it is easy to grasp the significance of these observations in relation to asthma.

Billings¹³ says: "Definite clinical evidence has been established of the etiologic relation of confined focal infection to anaphylaxis, in the form of bronchial asthma and other morbid conditions."

I have one interesting case to record, but will defer its consideration till we come to the subject of cardiac disease, as it illustrates this as well as asthma.

5. CARDIAC DISEASE.

In a previous portion of this paper myocarditis has been spoken of as being of toxic origin. But it is important to recognise that it may also be of metastatic origin—that is to say, that from some focus of sepsis bacteria which have an affinity for the myocardium are carried to and lodge in it, and there excite a reaction. Billings¹⁴ says "Myocarditis is undoubtedly a common incident in rheumatic fever only recognised clinically when marked cardiac incompetency occurs with or without dilatation. Mild myocarditis alone due to infection with streptococci which have a pathogenic affinity for muscular tissue undoubtedly occurs from chronic infectious foci.

"The mild reaction excited by the strepto-cocci of low virulency in the walls of the heart is naturally in the form of proliferative interstitial changes."

In other words there is as in all chronic inflammations, a formation of fibrous tissue in the heart muscle.

Myocardial weakness is often diagnosed only in the presence of impairment of cardiac functional efficiency. Valvular disease on the other hand is often diagnosed when there is no myocardial weakness, and therefore no loss of efficiency.

With the symptoms and signs of chronic myocarditis I need not trouble you—the change in quality of the first sound, palpitation, breathlessness and so forth. But there is one symptom of which I must say a little more, *viz.*, cardiac pain, angina pectoris, in other

¹³ Billings—*loc. cit.*, p. 25.

¹⁴ Billings—*loc. cit.*, p. 34.

words. Pain of cardiac origin affects part or the whole of a certain definite area which consists of the left pectoral region and the inner side of the arm and forearm with the ring and little fingers. It varies from a dull ache to the classical "angina." McKenzie regards it as an expression of exhaustion of the heart muscle, and as protective in character. It is obvious that this myocardial exhaustion may be caused in various ways. It may be produced in healthy hearts by excessive exertion, and in hearts poisoned by toxins by moderate or mild exertion. It may be caused by a deficient blood supply to the heart muscle which may be due to atheroma of the coronary arteries or of the aorta at their sites of origin.

"Angina pectoris usually comes on while the effort is being made, but it sometimes happens that the onset of pain is delayed, the attack may not occur until some hours after the effort has been made. Again, there are cases in which the pain appears where the heart has been exposed to no particular effort, but in which there is a history of a long period of over-exertion preceding the onset of the angina." (McKenzie.)

How can we distinguish between the pain produced by a poisoned heart and that due to other causes? The distinguishing feature is this—"its tendency to occur when the individual is *at rest*." McKenzie says:—"When pain in the characteristic cardiac regions occurs only while the patient is at rest the graver conditions of disease should be excluded and search instituted for some provoking cause, especially for some source of poisoning."

There may be tobacco, alcohol, or the toxins of infectious organisms.

In addition "there is a feeling of tiredness always present, and a sense of exhaustion easily induced." (McKenzie.)

Before quoting an illustrative case let me add one word more. "Some people have a nervous system which is abnormally sensitive to stimulation." In such persons pain is produced with great facility. Apart from worry and overwork, and lack of sleep, this hypersensitive, nervous system may be caused by

infection. And cardiac pain in such a person may be inexplicably severe. I know of two cases in which there was severe cardiac pain during rest. Both were X-rayed, and both were definitely diagnosed as aneurism of the aorta. One has since been proved to have no aneurism, but there is a chronic sinusitis. It is now very doubtful whether the second case really had an aneurism at all, yet she was condemned to constant rest and to excruciating pain.

I must mention the condition known as "Soldiers' heart," in which both hyperthyroidism and sepsis may play their parts, the former perhaps being dependent on the latter, as well as on the nervous and mental strain.

The following case illustrates all these points, and others also which have not been mentioned:—

Case.

A big, heavy man, in a responsible position in a Government department, consulted me in November, 1916, on account of increasing shortness of breath on exertion, accompanied by cardiac pain. His age was 49. I had attended him off and on for asthma, from which at times he suffered most severely, and for nasal polypi, crops of which had been periodically reaped by various other persons. He was accustomed in the lunch hour to taking a walk up a rise to some gardens, but he now found this too much for him.

Syphilis, tobacco and alcohol were non-existent in his case. His blood pressure was 145, and there were no signs of renal mischief. His heart was very large, much of the increase in size being due to dilatation, as after events showed. The left ventricle was two fingers' breadths outside the nipple line (by percussion). The right heart was two fingers' breadths outside the sternal edge, the cardiac sounds were audible at the apex beat only, and were faint. The first sound was very deficient in muscular tone. There was no marked accentuation of the pulmonary second sound. There was a small tender area just above the left nipple. Six weeks later there was more shortness of breath. The heart was the same in size, but the blood pressure had dropped to 125.

Now, gentlemen, what was I to do with such a case?

I did what I imagine most men would have done. I told him that the long strain due to the asthma was telling on his heart, and that he must avoid any effort which produced discomfort. I inquired into his diet and examined the urine. But it was all with a heavy heart, for I knew him well and respected him much, and could see nothing better ahead than that he would shortly have to lie up for a while and then perchance get about again, only to lie up in the long (or short) run till his heart should fail altogether.

At this time he began to have faint attacks. The shortness of breath was constant. My father saw him with me. He was screened and absence of aneurism established. About ten days later (the day before Christmas) he had a faint attack when walking, and broke out in a sweat. He had to be taken home in a car. He had a sensation of tightness of the chest and had difficulty in getting his breath.

The same evening he collapsed. I was away on holiday, but those who saw him said that he was pulseless and at death's door. He caused much anxiety for a few days. He was kept in bed, and his pulse soon steadied to 66, at which rate it remained for a very long period. For some days he ran a temperature of 102 to 103 F., but the fever soon left him.

One interesting observation was made. One day the temperature rose to 100 or 101, the nasal dropping into the throat ceased, and the patient regained his sense of smell. Next day the discharge re-commenced, the sense of smell disappeared and the temperature dropped. The explanation was not known to me at the time, but I afterwards knew that there was blockage of some of the infected sinuses, with resultant rise of temperature and recovery of the sense of smell. At this time the idea of a septic element passed through my mind. The idea was a hazy one. I had but little notion where to look and what to look for. The only sepsis I could find was a little pyorrhœa of the lower incisors. Most important, I did not realise that the presence of nasal polypi means sinusitis. That is a dogmatic statement, but a true one. The presence of nasal polypi means sinusitis, and he who removes the

polypi is but temporarily effacing some of the evidence of the disease.

With this case in view I purchased and explored McKenzie's "Principles of Diagnosis and Treatment in Heart Affections," and therein I found much to confirm my suspicions of sepsis. In consultation a physician confirmed my tentative diagnosis and definitely diagnosed a toxic myocarditis, the strain on the heart being largely influenced by pulmonary emphysema due to the asthma, which itself was probably of toxic origin. The history obtained by close cross-examination was this:—

About nine years before he had had a severe attack of influenza, and ever since had been troubled with his nose off and on. About eight years ago a doctor told him he had nasal polypi. After the polypi were discovered the asthma began and gradually grew worse. The administration of autogenous vaccines made from his sputum had temporarily eased the asthma. The physician advised six weeks in bed, during that time treatment with autogenous vaccines made from the pus round the teeth, and from nasal swabs, and afterwards the cleaning up of the nasal sepsis by a rhinologist. The vaccines were made and given. The offending teeth were extracted one or two at a time. The intense cardiac pain persisted and was very troublesome at times.

In six weeks' time a rhinologist was duly called in. He washed out one antrum, pronounced the wash clean, and removed all the polypi. He said there was no gross sepsis. The asthma was perhaps slightly easier after this, but the pain persisted. The dilatation had long since subsided.

I kept the patient in bed, as I viewed the pain as a symptom of exhaustion of the heart muscle. To make a long story short, I again gave a gloomy prognosis—to the effect that the heart had no reserve power, and that complete rest would probably always be necessary. Meanwhile the department was considering the question of retiring the patient, and they sent out two doctors to report on him. They questioned me as to why I was keeping the case in bed. I replied that it was on

account of the pain, and explained how I viewed it. They thought that he ought to get up and gradually get about, and then see a certain rhinologist. Though I disagreed with the view that the pain was not cardiac, yet I accepted their recommendation, and got the patient up. One of the doctors remarked to me, "That man is very neurasthenic. He thinks if he gets up he will drop down dead. And yet if you mentioned the word neurasthenia to him he would jump kite high." Later on I found he really had this fear, and it was a fear that took a great deal of eradicating. It then became very evident that the persistence of pain was due to a "*hyper-sensitive nervous system*." (McKenzie.) This was discreetly hinted to the patient with the result that although gradually getting about he slowly lost the pain. But he had to be continually reassured—in fact, suggestion played a large part in the matter.

A rhinologist was now consulted, but before the patient went to him I washed out the other antrum, and obtained what I deemed a clear wash out.

The rhinologist found probable gross infection of both antra and ethmoids, and probably of the frontal sinuses also. A skiagram confirmed this, and showed both frontals to be definitely affected. The antra were first radically dealt with under local anæsthesia, then the sphenoids, and then under general anæsthesia the frontals and ethmoids. In every place the mucous membrane was grossly thickened and polypoid. The sphenoidal sinuses were full of pus. There was one polypus growing from the left frontal sinus and hanging out through the opening into the nose. Between these operations the discharge at times ceased, and the patient regained his sense of smell, but he also got an acute exacerbation of the sense of exhaustion at such times—his legs would hardly carry him, and so on. The explanation was, of course, that at these times the discharge was not escaping and that there was consequently increased absorption and toxæmia.

Since the antra were done the patient has been able to attend his office again, though for shorter hours than usual.

His present condition is that the nasal sepsis has not yet been all cleared up. A few infected ethmoidal cells remain and the drainage from one or both frontals tends at times to be blocked. The asthma is still very troublesome. I anticipate that it will be less so when all the nasal sepsis has gone, but I do not believe that it will ever entirely disappear, owing to the longstanding bronchial infection and stasis, which can never be entirely got rid of, though vaccines made from the sputum may help. There is again a moderate degree of cardiac dilatation, with shortness of breath on exertion. Only very occasionally is there any cardiac pain.

This may not seem to be a very satisfactory result. But it is an extreme case and we must recollect that had not these foci of sepsis been discovered and dealt with, the patient would infallibly have been bed-ridden. Probably he would have already succumbed. Now he is able to lead a much curtailed life, but a great deal of it he is able to enjoy ; and instead of leaving a wife and family in reduced circumstances, he is able to keep on earning, and so is better able to provide for their future.

Some of the points for notice are the temperature at the beginning of his illness, perhaps due to an acute septic invasion of the myocardium. The initial diagnosis, or rather the elucidation of the condition *causing* the asthma and myocarditis, also the detailed history, first influenza, then nasal trouble and polypi, then asthma, then cardiac pain and its persistence due to a hyper-sensitive nervous system, then neurasthenia—for he was intensely neurasthenic at one time—the diagnoses of the pan-sinusitis (to which I shall refer later), the increased toxæmia whenever the nasal discharge had not free exit, and the great amelioration of the patient's condition as a result of rest and of the elimination of most of the foci of sepsis. It is also interesting to speculate as to the extent of the power of recovery in the damaged heart muscle. In this case—after years of infection—one does not expect it to be great.

(To be continued).

HOSPITALS AND INSTITUTIONS.

BRISTOL HOMŒOPATHIC HOSPITAL.

A GIFT OF £250 FROM FRANCE.

THE ANNUAL MEETING.

From *The Western Daily Press*.

THE annual meeting in connection with the Bristol Homœopathic Hospital was held at Cotham House yesterday afternoon. The Lord Mayor (Ald. W. H. Twiggs) presided, and on moving the adoption of the report (a summary of which has already appeared) expressed his congratulations upon its satisfactory character. That success was due largely to the generosity of three of their friends. It was not always desirable to have to depend upon two or three for the maintenance of an important establishment like that. The wider they could spread their claims, and the greater response in point of numbers, the stronger those medical institutions became. It was very delightful to find that in Bristol so much was being done for the alleviation of suffering of the people, and there he must remark how much they were indebted to the members of the Wills family. It was a great thing for the city to find rich men giving up so much time and energy. He (the Lord Mayor) was a little surprised at the smallness of the subscription list, when he recalled that over 3,000 outdoor patients had been attended to. They had not sufficiently advertised all the good they were doing, or he would have expected more than £250. They were now entering upon a new era in their history, and launching out into a bigger scheme, again through the generosity of Mr. Melville Wills. They all appreciated and sympathised with his desire to raise a memorial to his son, who had made the supreme sacrifice for his country. The war had caused a large amount of stress and anxiety during the last five years ; and, although there was now less loss of life and maiming among our men, the aftermath of war still remained, in the shape of maimed and sick

men who would require help for years to come. It behoved everyone, therefore, to take a part in providing those places which were so essential to the alleviation of suffering and the making of life tolerable. He commended to his fellow citizens as strongly as he could the claims of that institution, and hoped that, at a time when everyone was speaking of peace memorials and appealing to the generosity of men and women, a generous response would be made to the appeals for hospitals, and that in their particular case the institution might be completed, fully equipped, and freed from debt. (Applause.)

Ald. H. F. Cotterell seconded. The large attendance that day showed that the country generally was paying more attention to matters of health ; and that the importance was recognised, especially amongst the working classes, of maintaining the health of the community.

The report was adopted.

Dr. Samuel Morgan, in speaking of small beginnings, stated that in 1859, sixty years ago, his then colleague at Bath, Dr. Newman, and himself opened a Bath Homœopathic Hospital, the first of the kind that had been opened outside London. That hospital was still going on. They had therein an assurance of their own future. Some years ago in Bristol they made a start very simply, and then they opened a small hospital in Brunswick Square. Throughout nearly the whole of the time Mr. and Mrs. Melville Wills had been on their side, and Mr. Melville Wills had for many years been one of the trustees of the hospital. It was the feeling of everyone that Mr. and Mrs. Wills could not have done a better thing to perpetuate the memory of their son and of their own goodness than when Mr. Wills came forward and offered to build them a new homœopathic hospital. As a city they were thankful that citizens who had been largely blessed should make a right and proper use of their money. Therefore it afforded him great pleasure to move the re-election of Mr. Melville Wills as president of the Homœopathic Hospital.

Dr. Bodman, in seconding, said it was owing to the

discretion and foresight of their president that they were there that day.

The motion was carried with enthusiasm.

Dr. Burford then delivered an address. He remarked that the initiative of the homœopathically-inclined citizens of Bristol had been held up as a shining example to other places; and he had been commissioned to bear the best wishes and congratulations of the British Association for all that Bristol was doing. In this period of reconstruction they sincerely trusted that in other large cities the philanthropy and public spirit of the citizens would lead to increased results. He was delighted to find the Lord Mayor in the chair that day, for it showed that the hospital had received a public backing and the official *imprimatur*. The London Homœopathic Hospital, also that at Southport, had demonstrated their value abundantly during the years of the war; and in fact every homœopathic hospital without exception had been laid under tribute for dealing with the results and the stress of warfare. Under a Ministry of Health it was thought there would be more unification and co-ordination, and a good many hospitals would have to be closed; but he regarded the unification of the medical institutions of the country as of the greatest possible use and service to the community. He therefore looked forward to seeing all the homœopathic hospitals in the country taking their right and proper place in the State scale. Speaking of the appreciation which the French people had shown for the homœopathic treatment, the speaker concluded by handing over to the Lord Mayor a cheque for £250, which the trustees of Neuilly Hospital had presented as a donation, and which it had been decided should be given to Bristol Homœopathic Hospital.

The Lord Mayor moved a vote of thanks to Dr. Burford for his address and for bringing such a handsome cheque. His lordship wished to make it clear that his presence there must not be taken as indicating that he knew anything whatever about controversies between doctors.

Dr. Newbury seconded, and observed that they had received two three-figure subscriptions for which they

had to thank Dr. Burford's influence among his friends. Dr. Burford was a link between London and Bristol, and his name was as well known in America as in this country.

The Rev. F. G. Benskin moved a vote of thanks to the staff and honorary workers.

On the motion of Dr. Arnold H. Thomas, seconded by Mr. W. G. Veale, the retiring members of the Board of Management were re-elected, the other officers were thanked and elected, and a vote of thanks to the Lord Mayor concluded the meeting.

It was a matter of regret that Mr. Melville Wills, the president, was compelled to send a letter of apology for absence, but Mrs. Wills was present.

FREE FAT TRANSPLANTATION IN THE TREATMENT OF DUPUYTREN'S FINGER CONTRACTURE.—Dr. Alfred Peyser (*Zentralblatt für Chirurgie*) speaks of the use of fat in prosthesis and the plumbing of cavities, as those of joints. So far as he knows it has not yet been attempted, save by himself, in the treatment of Dupuytren's contracture. Kocher's method of excision of the palmar fascia is the one in general use to-day, but the results often leave much to be desired. Lexer seeks to prevent the depression and retraction in the palm by the insertion of free skin flaps. The author reports a case in which he used a free fat flap. The patient, a man of thirty-five, had a typical Dupuytren contracture of five years' standing. The flexors of the III and IV fingers formed a hard swelling which included skin and subcutaneous tissue. The tendons were implicated to the extent of 3-4 cm. The extension of the fingers was compromised to the extent of 35°. Under brachial plexus anesthesia a rectangular flap was made with base to the thumb. The aponeurosis was removed and the intact tendons released. Fat was excised from the patient's abdomen and sutured with silk into the wound; the flap was replaced over it and the operation wound tightly closed with numerous silk button sutures. The immediate result was good, but the next time the author will make a triangular flap. The patient has thus far been under observation four months. The palm was at first "soft as butter." The palm adapted itself to the transplant, retaining all its natural marks. The fingers moved freely and fully in all directions. It is too soon to speak of end results. The fat will doubtless change eventually to firm connective tissue and form a new aponeurosis.

SOCIETY'S MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held on June 5th, at the London Homœopathic Hospital. Dr. Byres Moir, the President, was absent through illness.

After the preliminary business, the deaths of Dr. Galley Blackley, Dr. Alfred Hawkes, and Dr. Gibson Millen were announced, and heartfelt tribute paid to their life-work and memory.

The papers of the evening were by Mr. P. W. Roth, F.R.C.S., on "Some Orthopædic Principles," and by Dr. E. A. Neatby on a few Myoma cases. Dr. Burford showed some specimens.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MAY TO 15TH JUNE, 1919.

GENERAL FUND.

<i>Subscriptions.</i>				£	s.	d.
Mrs. Heron	..	..	..		5	0
Dr. Goldsbrough	..	..	..	1	1	0
H. Crewdson Howard, Esq.	..	..	..	1	1	0
Mrs. Hutchinson	..	..	..		10	6
James Eadie, Esq., F.R.C.S.	..	..	..	1	1	0
Dr. Pullar	..	..	..	1	1	0
R. H. Caird, Esq., J.P.	..	..	..	1	1	0
Dr. Byres Moir	..	..	..	1	1	0
Dr. A. Midgley Cash	..	..	..	1	1	0
K. N. Mustifi, Esq.	..	..	..	1	1	0
T. G. Dharam, Esq.	..	..	..		10	6
Miss Fanning	..	..	..	1	1	0
<i>Donation.</i>						
Mrs. Hutchinson	..	..	..		10	6

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, June 18th, 1919, at 4.30 p.m.

A meeting of the Compton Burnett Fund Committee was held at Chalmers House on Wednesday, June 18th, 1919, at 5.30 p.m.

ELEVENTH ANNUAL GENERAL MEETING.

The Eleventh Annual General Meeting of the British Homœopathic Association (Incorporated) was held (by kind permission of the Right Hon. the Earl of Donoughmore, K.P., P.C.,) at 5, Chesterfield Gardens, W., on Monday, 26th May, 1919, at 3.30 p.m.

There were present: Sir George Wyatt Truscott, Bt., the President of the Association (in the Chair), Miss E. C. G. Bell, Miss Noble Taylor, Mrs. Thirlby, Mrs. Wood, Dr. Burford, Mr. Caird, Dr. Goldsbrough, Dr. Granville Hey, Mr. Crewdson Howard, Mr. W. Lee Mathews, Mr. and Mrs. E. Handfield Morton, Dr. Neatby, Dr. Pullar, Capt. and Mrs. H. R. Ramsbotham, Dr. Weir, the Secretary, and others.

The Secretary read the notice convening the meeting.

Apologies for absence were received from the following: The Right Hon. the Earl of Donoughmore, Mr. E. Barnett, Dr. J. Roberson Day, Mr. W. L. Martin, and Dr. C. E. Wheeler.

The Minutes of the Tenth Annual General Meeting, held on Wednesday, 29th May, 1918, were taken as read, adopted and signed.

The General Report of the Association was taken as read, and the Auditors' Report on the financial position was read by Mr. Crewdson Howard.

The Chairman, on rising to move the adoption of the Report and Accounts, remarked that he had had time to read the Report from cover to cover and had found it excellent; he was sure all should be satisfied with it. The activities of the B.H.A. had been kept well in being through the strenuous War period, which, he said, all were hoping was now about to close. He thought it very commendable, on those who had borne the brunt of the Association, that they had been able to carry on in so satisfactory a way. To-day they would be considering the work for the future. He referred to Mr. W. Lee Mathews, as Chairman of the Committee, and joined with him in his opinion that the Association was not supported as it ought to be by the body of homœopaths generally. He emphasised the importance of possessing the

Central Body (the B.H.A.) to represent homœopaths collectively and the homœopathic cause which they had so much at heart. He instanced the many ways in which the Association had been of eminent service to the cause, drawing particular attention to the inability at one time to obtain Sugar Discs and Pillules for hospital use from America, these goods, largely composed of sugar, having been banned by the Food Controller. He stated that the B.H.A. Executive Committee, through Mr. Lee Mathews' initiation, had approached the proper authorities on the matter, with the result that a licence, necessary for the importation of the Discs and Pilules, had been obtained, and that the required consignment of the goods in question was now in the hands of the chief homœopathic chemist, and that their hospitals and physicians were no longer hampered by the shortage which had caused such serious difficulty to them in their great work. This was an example of what the B.H.A. could do on behalf of the cause. Sir George repeated that the Association should have greater recognition by the homœopathic centres all over the country, and, consequently, greater support. It became a question—the question before them to-day—whether the Association was to continue and go forward, or whether it had better close its doors. He did not think the homœopaths in England would allow a closure of the doors. After something like sixteen or seventeen years of useful service he considered it would be most distinctly a block in the cause of homœopathy if such an event came to pass; let them rather go forward with a strong effort to bring home to their fraternity the necessity and advantage of maintaining the central organisation. He quoted the sentence at the beginning of the Report, *viz.*: “Homœopathy has no need to hide its light under a bushel,” and remarked upon the work of homœopathic hospitals, doctors and nurses during the war in caring for the sick and wounded of the forces, both in this country and abroad, and drew particular attention to the cases—some 1,500—of Admiralty patients treated at the London Homœopathic Hospital, and

to Mrs. Strafford's report of the cases, direct from the front, treated at the Southport Cottage Hospital where they had not a single death. Again, since the war, in the epidemics of influenza and pneumonia, which had caused havoc throughout the world, homœopathy had played a great part and had proved its superiority in the treatment of these diseases. He hoped that statistics of homœopathic treatment in that great scourge had been kept, which, he felt sure, should be most convincing. Sir George remarked that the barrier between the allopathic and the homœopathic schools had more or less lessened in height during the last few years—there was more shaking of hands over the wall than hitherto. It had been of extreme height and, he said, there was still a good deal of opposition in the old school against homœopathy, and he expressed himself at a loss to understand the attitude of the medical institutes and members of the orthodox medical school (in this country particularly) towards the homœopathic system. They wanted to be properly recognised by the old school, and the acquirement of this, Sir George considered, was part of the work of the B.H.A. The education of the laity in the advantages of homœopathic treatment was an important factor in bringing this to pass, and they could go a long way if they had the necessary funds to strengthen the hands of the Committee to make a forward movement in the favourable atmosphere created by the war. He did not know whether they had any homœopathic friends occupying important positions in connection with the press of this country? He suggested that it might be a good plan if they could get one of the great English dailies to admit of correspondence opening out the advantages of homœopathy—publicity such as this, even though it created a certain amount of opposition, he considered would be full of usefulness for their future good in removing the ban which exists between the two schools. Sir George then referred to the Educational Work of the Association, particularly to Dr. Charles H. Eccles' interesting lecture which had inaugurated the session at the L.H.H. And, in expressing their deep regret

that Lord Donoughmore, of whom they were so proud as a leader of their homœopathic community, and to whom they were grateful for allowing them to assemble under his roof, was prevented from being with them at the present meeting, Sir George moved that the Report and Accounts, as presented, for 1919, be received and adopted.

Mr. W. Lee Mathews, in seconding the adoption allied himself with the Chairman in his remarks and stated that, during the War, the Association had been compelled to more or less mark time. The time had now come when they must definitely make a forward movement or cease altogether. He said he believed there was a day when the B.H.A. and the L.H.H. did not altogether walk hand in hand, but happily that day was now far distant. The Association in working for the support and advancement of homœopathy all over Great Britain worked *with* the Hospital in so doing—each helping the other in the interests of homœopathy. He referred to the small support of the Association by the provincial centres, and considered that it was distinctly worth while for the Association to spend money on some propaganda work which would bring to their notice the common need for maintaining the central organisation. He thought that the homœopathic chemists should support the Association, as it had been proved that the Association could help them in time of need. He thought the Association, in conjunction with the L.H.H. and certain of their provincial friends, could do much useful work. He wished to thank his colleagues for the help they had given him during the year, with special thanks to Mr. Morton; also to Miss Hurrell, the Secretary, for the way in which the office work had been carried on.

The Chairman invited the meeting's discussion of the Report.

Mr. Caird, referring to Mr. Lee Mathews' remark on the lack of unison at one time existing between the Association and the L.H.H., concurred that that was entirely removed—that the Hospital authorities recognised the Association's distinct and useful branch of service for homœopathy—and he did not think that

any appeal for increased support of the Association's funds would, in any way, militate against the support given to the L.H.H. He proposed that the existing subscribers to the B.H.A. be appealed to to extend their subscription, and thought the Association should consider some scheme for obtaining support from further afield, instancing the excellent result of the Neuilly Hospital's appeal for funds, owing, chiefly, to the efforts of certain gentlemen, Dr. Burford and Mr. Morton, among others.

Mr. Morton stated that he had been requested to follow the adoption of the Report and Accounts by a summary of the financial position of the B.H.A. Owing to the War, he said, subscriptions and donations had been on the down-track; the Committee had hesitated to press their subscribers to increase their support under existing conditions. The War, however, was now at an end and the Association had work to do which, as their Chairman and Mr. Lee Mathews had said, entitled them to a wide homœopathic support. If that support were not forthcoming in the near future the B.H.A. would have to shut its doors, which step, Mr. Morton opined, would not be to the credit of homœopathy. He then drew the attention of the Meeting to the Balance Sheet, as shown on page 30 of the 1919 Annual Report, particularly to the Assets on Current Account and In Hand amounting to £624 4s. 2d., to which, in order to correct any possible wrong deduction therefrom, a note had been appended explaining that of this sum £450 5s. 9d. was earmarked to discharge the liability of the special Trust Funds, administered by the B.H.A., thus leaving a balance of only £173 18s. 6d. available for the General Purposes of the Association, which, he said, would not go far to carry them through another twelve months. And, with further brief remarks on the financial position, Mr. Morton concluded by expressing his sincere hope that all subscribers would do their utmost, in the year just beginning, to extend their support of the B.H.A., not only by increasing their own much-valued subscriptions, but by urging their friends and their friends' friends, to assist the central

organisation as far as lies in their power and thus create a much wider field of support.

Mr. Lee Mathews stated that Mr. Edward Barnett, one of their subscribers, who, they regretted, owing to illness was unable to be with them on the present occasion, had requested that his letter to the Editor of THE HOMŒOPATHIC WORLD contained in the May issue of that periodical might be read at the meeting. This Mr. Lee Mathews proceeded to do and a slight discussion followed thereon.

The Chairman remarked that it was a most interesting letter embodying a similar suggestion to that which he had made in his preliminary remarks as to taking steps to ensure publicity of Homœopathy and the central organisation by opening up correspondence in the Press, or by some similar method, as deemed desirable by the Council. He thought this matter should receive early attention.

The Report was then put to the vote and carried unanimously.

Mr. Lee Mathews proposed the re-election of the President, remarking that he did not think they could find in the whole country anyone more admirably suited to the office of President than Sir George Truscott, who for many years had rendered such valuable aid to the B.H.A.

Dr. Burford warmly seconded the re-election, which was carried unanimously.

The Chairman expressed his thanks and his willingness to continue his presidency.

Dr. Goldsbrough proposed the re-election of the Vice-Presidents and the Honorary Vice-Presidents of the Association, as shown on page 3 of the Annual Report presented 1919.

Miss Noble Taylor seconded and the motion was carried.

Mr. Crewdson Howard proposed the re-election of the Council, with the addition of Miss Noble Taylor (who had kindly consented to serve thereon) and otherwise as shown on page 3 of the Annual Report presented 1919.

Mrs. Thirlby seconded and it was carried unanimously.

The Chairman proposed the re-election of the Auditors, remarking upon the excellent way in which they had discharged their duties.

Mrs. Morton seconded and it was carried unanimously.

A hearty vote of thanks to Sir George Truscott for presiding over the meeting was proposed by Mr. Morton, seconded by Dr. Weir, and heartily accorded.

The Chairman warmly thanked the meeting for the cordial manner in which they had spoken of him, and said that he would like, in turn, to propose a vote of thanks to the Earl and the Countess of Donoughmore for their kindness in placing the dining room of their house at the disposal of the B.H.A. for the holding of its eleventh Annual General Meeting.

Dr. Pullar seconded and the vote was unanimously passed.

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TREATMENT OF TETANUS BY INTRAVENOUS INJECTIONS OF MAGNESIUM SULPHATE.—Dr. C. A. Cammert (*West Virginia Medical Journal*) reports good results from intravenous injections of magnesium sulphate in a case of tetanus. The severe tetanic contractions vanished almost immediately after the first injection. Recovery was effected within eight days.

The intrarachidian and subcutaneous use of magnesium sulphate has accompanying dangers, as it affects the heart and respiration ; but when used intravenously elimination is rapid. In the case reported where there was recovery 50 cm. of a 10 per cent. solution of magnesium sulphate were injected twice daily, 15 injections being made. At the same time subcutaneous injections of morphine and chloral were given. The author is of the opinion that magnesium sulphate injections might be successfully used in the crisis of eclampsia, uremia, etc.

EXTRACT.

SUGAR CONTROL IN THE BODY.*

It has in recent years become apparent that the biochemist must play a prominent, if not a predominant part in medical research, since he obviously holds the master-key to many of the problems of disease, particularly those associated with disordered metabolism. Moreover, many of the researches of the bacteriologist and of the pharmacologist involve biochemical considerations, and, indeed, their work has largely served to focus attention on this important branch of scientific investigation, where the biologist, the chemist, and the physicist must perforce meet. The individual biochemical monographs and papers are often of necessity so abstruse, involved, and academic in character as to be beyond the grasp of the ordinary practitioner, or even of those engaged in clinical research and special practice, and yet they may offer facts of vital importance in regard to diagnosis and treatment, when properly applied and correlated by a scientific clinician with the necessary knowledge and experience. An excellent illustration of this is afforded in the Croonian lectures on the Rôle of the Sympathetic Nervous System in Disease, delivered before the Royal College of Physicians of London by Dr. W. Langdon Brown, in June, 1918, and appearing in recent issues of *The Lancet*.

In his third lecture Dr. Langdon Brown deals with the problems of glycosuria and diabetes. He begins by pointing out that diabetes must be regarded as a disease of metabolism as a whole, involving a disturbance in the metabolism of fats, proteins, and even the inorganic salts, as well as in that of carbohydrates. It is important to recognise, as he points out very forcibly, that in recent years it is the blood sugar content which has been studied in this disease rather than the urinary sugar, an advance made possible

* This is so admirable a summary of recent work that we venture to reprint it, with grateful acknowledgments to the *Lancet*.—ED. H.W.

by improved methods, such as that of Bang, whereby the amount of sugar can be estimated in a single drop of blood. Dr. Langdon Brown takes the normal amount of blood sugar in the blood as 0.1 per cent. But the level which the blood sugar has to reach before it appears in the urine varies in different individuals, and in diabetics a condition of hyperglycæmia may be present even after the glycosuria has been controlled. It would appear that the kidneys of diabetics may show a diminished permeability for sugar, since the blood sugar in such cases may remain as high as 0.25 per cent. without glycosuria—an amount which would certainly cause excretion of sugar in a normal individual. Estimations of the blood sugar have also established the existence of a form of glycosuria with diminished blood sugar, or hypoglycæmia. Some of these, on the analogy of the well-known experimental phloridzin-glycosuria with hypoglycæmia, have been called cases of renal glycosuria, and some cases of glycosuria with obvious renal disease may merit such a description. Dr. Langdon Brown, however, goes on to show there are cases which do not admit of such an explanation, and to these Salaman applied the name of "diabetes innocens." In such cases the amount of sugar appearing in the urine is small, being only about 1 or 2 per cent., and its quantity is little influenced by ingested sugar, of which one or two parts in a hundred are excreted. Graham has recently described another variety of this condition associated with a diminished carbohydrate tolerance, more sugar being excreted in the day, and as much as from 7 to 17 per cent. of ingested sugar appearing in the urine. It would seem, that there may be a familial factor in some of these cases of the Graham type, and Dr. Langdon Brown regards it as undecided whether cases of this type represent an early stage of true diabetes, or, as he thinks more probable are instances of non-progressive diabetes innocens. On the other hand he quotes cases which show that conditions of glycosuria with hypoglycæmia may be progressive and that they may pass into typical diabetes.

Dr. Langdon Brown devotes considerable attention

to an analysis of Allen's views on the pathology of diabetes, which he briefly defines as the condition resulting from the reduction of so-called pancreatic amboceptor below the requirements of normal metabolism. Allen maintains that in diabetes dextrose takes on a new and uniform behaviour in the body, acting as a typical crystalloid, and producing diuresis by whatever channel it is administered, whether orally, subcutaneously, intravenously, or intra-peritoneally. In the non-diabetic dextrose is a diuretic when given intravenously, thus acting as a crystalloid, except when given in minute doses admitting of prompt combination; when given in any other way—*e.g.*, orally or subcutaneously—it is an antidiuretic in the non-diabetic, thus acting as a typical colloid. In endeavouring to explain in what form the monosaccharides like dextrose circulate in the blood, it is of interest to note that Pavy first employed the Ehrlich side-chain theory as an explanation, and suggested that the internal secretion of the pancreas provides an amboceptor linking the simple dextrose molecule on to larger colloidal molecules, a view which Dr. Langdon Brown states is steadily gaining ground. He therefore proceeded in his lecture to compare the glycosuria associated with definite pancreatic lesions with that due to other recognised causes. He points out that the position of the pancreas in relation to the portal circulation makes it a favourable source for the sugar amboceptor since the internal secretion of the pancreas leaving by the pancreatic veins comes into relation with the sugar on the way to the liver from the intestines through the portal vein. Allen believes that the site of combination between sugar and the amboceptor is in the capillary endothelial walls. One point of difficulty in regard to the pathology of diabetes is that cases of this disease occur in which no lesions are demonstrable in the pancreas, and Allen goes so far as to state that the "average diabetic has almost as good a pancreas as normal"; consequently if we adopt Allen's view that pancreatic and spontaneous diabetes differ from all other forms of glucosuria in that dextrose now acts as a crystalloid

owing to loss of the pancreatic amboceptor, while admitting that the structures which form that substance may be intact in spontaneous diabetes, then we are forced to conclude that some nervous action or inhibition has produced cessation of their action. Allen has based his fasting method of treatment on a supposed antagonism between the internal and external secretions of the pancreas, since he believes that relief from the duty of external secretion permits of a more continuous production of internal secretion. Treatment by alimentary rest on this view means that the lessened activity of the pancreas in regard to the secretion of juice helps to restore its functions as amboceptor, and the success of this treatment lends support to the pancreatic origin of spontaneous diabetes.

In his attempt to examine Allen's view that all diabetes is pancreatic in origin and to study the rôle of the sympathetic nervous system in the production of diabetes and glycosuria, Dr. Langdon Brown gives an interesting *résumé* of the other forms of endocrine glycosuria and of the well-known polyglandular hypothesis of diabetes propounded by Eppinger, Falta, and Rudinger. This hypothesis, which presupposes that diabetes depends on a loss of balance between various ductless glands, has been very adversely criticised by Allen on experimental grounds which do not seem to be convincing, according to Dr. Langdon Brown. It is now established that over-secretion by the pituitary gland, probably of the pars intermedia of this organ, always lowers the tolerance for sugar, and may produce glycosuria, and Weed, Cushing and Jacobson have shown that the sympathetic nervous system can produce glycosuria through stimulation of the pituitary. It is also a familiar observation that thyroid extract can induce glycosuria, and the occurrence of a lowered tolerance for sugar with occasional glycosuria in Graves's disease is well known, while conversely the increased sugar tolerance in myxœdema points in the same direction. Glycosuria can also be excited by excess of adrenalin and the glycosuria produced by so-called diabetic puncture

is believed to be mainly produced through the adrenals. This form of glycosuria ceases when all the glycogen present in the liver has been mobilised. It may therefore be taken as established that under-action of the pancreas or over-action of the adrenal, thyroid, or pituitary, can produce glycosuria, and if the polyglandular theory or loss of balance theory be adopted as the explanation, Dr. Langdon Brown insists on the part that the sympathetic could play in producing such a loss of balance. He states that it may be taken as established that sympathetic stimulation increases blood sugar as a defensive measure, and that it causes increased secretion of the adrenals, thyroid and pituitary, the general effect of sympathetic stimulation being katabolic and mobilisation of blood sugar being a preparation for katabolic action. Vagus stimulation excites pancreatic secretion and Dr. Langdon Brown is inclined to infer that sympathetic stimulation may inhibit the secretion of the pancreas. He therefore sums up his views by stating that the sympathetic, both by increasing the secretion of glands which diminish carbohydrate tolerance and by inhibiting the gland which increases carbohydrate tolerance, would raise sugar above the leak-point and so induce glycosuria. Dr. Landgon Brown, in summing up his conclusions, regards diabetes as due to deficiency of the pancreatic amboceptor, which deficiency may be due to structural changes in the pancreas or to inhibitory action of the sympathetic on its internal secretion ; this effect may be aggravated by sympathetic stimulation of other endocrine glands, thus further diminishing the power of carbohydrate assimilation.

We have endeavoured to give as succinctly as possible a *resumé* of the closely reasoned analysis of experiment and clinical observation by which Dr. Langdon Brown arrives at these conclusions. We congratulate him on having afforded so interesting and suggestive a study of one of the most difficult and yet most fascinating problems in metabolic disease.

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THE BRITISH HOMŒOPATHIC ASSOCIATION : WHAT IT IS AND WHAT IT MIGHT BE.*

THE British Homœopathic Association, now in its eightieth year, has become an integral part of the machinery of Homœopathy. The object of its existence is the co-ordination of the various homœopathic activities in Great Britain ; its aim, all that makes for homœopathic efficiency and growth.

To these ends, without in any way competing with or supplanting existing organisations, it seeks to assist their efforts and work, at the same time linking them up with other similar activities, to the mutual advantage of all. At the present moment the British Homœopathic Association is in friendliest relationship with every Homœopathic Hospital and Dispensary in the Kingdom.

It alone supplies, what is so essential, a central body, consisting of laymen and doctors, which can speak with authority in the name of British Homœopathy. Now, more than ever is such a voice needed. Measures passing through Parliament threaten to revolutionise matters pertaining to public health in this country.

Homœopathy (till now only known to a minority of practitioners—specialists in drugs and drug-action) must be safe-guarded. At this crisis in our history no mere local body can raise its voice to such effect as can a central organisation, speaking for British Homœopathy as a whole.

* The Editor regularly makes an appeal for the British Homœopathic Association, but this year he is of opinion that nothing can better the one which is officially sent out, therefore he has the honour to give it such prominence as he can.

Everywhere the sectional, isolated activities of the past are giving place to co-ordinated endeavours ; and there is no day when some question may not arise affecting Homœopathy and its present and future practice. Take an example. The exigencies of war, restricting many imports, threatened to stop the importation of the sugar discs and pilules, on which we rely for our dispensary work, at a time when the needs of the army had cut off home supplies. What chance would individual chemists, or even hospitals, have had of obtaining relief or help ? The British Homœopathic Association, acting promptly, with the weight that a central authoritative body can command, obtained a relaxation of the regulations and saved the situation. In the same way, like difficulties may at any time arise with which the British Homœopathic Association, or some such body, could alone successfully cope.

If only the British Homœopathic Association could have the support of every homœopath in the United Kingdom, then, without making excessive demands on any individual, it would command funds wherewith promptly to aid and succour institutions in their hour of need, and to start new centres in suitable localities. Promising young doctors could be launched in places needing a homœopath ; research work could be undertaken ; lecturers provided ; books and pamphlets published ; educational work set on foot ; and the cause of Homœopathy could be expedited in a hundred ways.

Much has been done and much is being done. Research work, publication work and teaching are in progress and bearing fruit. But all that has been accomplished with our present scanty funds is as nothing compared to what will be done with the fuller financial support which is essential if Homœopathy is to make the strides that it is now ready to make. Far and wide, men are deeply dissatisfied with their results, full of desire for better things, and eager to pour the effort, the energy, the enthusiasm into the prescribing that Homœopathy demands. For the Homœopathy of Hahnemann is no longer a stumbling block to the men of the most advanced science. They

find it an enlightenment : and that which has been most derided in the past is found to be not only true, but unexpectedly attractive. The hour has sounded : the opportunity is now. The day of apologising for Homœopathy is past. We have only to close the ranks and advance. If advantage of the present opportunity is not taken a set-back to the cause of Homœopathy, the duration of which cannot be gauged, is almost inevitable.

Local institutions, making their hard struggle, find it difficult to realise that in supporting a central machinery they are not merely diverting their energies. But that should not be so. If every minor centre would do its share for the general good, the great central organisation would command such resources as would enable it to give effectual help, where now it has so little to give.

On these grounds the Council of the British Homœopathic Association appeal most earnestly for support, by subscriptions or donations, to every single homœopath in the Kingdom who has derived benefit from homœopathic treatment, and would therefore surely desire to extend those benefits to others, who, from lack of knowledge or opportunity, have hitherto been unable to obtain them.

Cheques, which should be sent to the Secretary, at 43, Russell Square, W.C.1, should be made payable to the British Homœopathic Association (Incorporated) and crossed "The London Joint City and Midland Bank, Limited."

NEWS AND NOTES.

DR. J. MURRAY.

OUR readers know the name of Dr. Jessie Murray well and will, we are sure, join with us in congratulating her on receiving her M.D. of Durham University. Her thesis was "Functional Nervous Disorders from the view point of Clinical Psychology."

ORIGINAL COMMUNICATIONS.

PAPER ON SOME OF THE COMMONER SEPTIC
FOCI; THEIR RESULTS, PATHOLOGY,
SYMPTOMS, DIAGNOSIS AND TREATMENT.By A. HENRY SEELENMEYER, M.B., B.S. (Melb.),
F.R.C.S., etc.*(Continued from page 260.)*

6. DISEASE OF THE LYMPH GLANDS.

I have had one case of diffuse lymphadenitis (with suppuration) of the glands of the neck, directly traceable to a septic focus.

Case.

The patient was a fine strapping man of about 35. For thirteen years he had suffered from more or less constant suppuration of the cervical lymph glands. He had had various operations, and vaccine treatment, etc., etc. He was always weary, though as far as looks went he was a fine man. On close cross-examination I found that the first site of suppuration was in the right tonsillar lymph gland (*i.e.*, the gland usually described as being behind the angle of the jaw). He had had quinsy eight times, and often an attack of quinsy immediately preceded an outburst of adenitis. He was also subject to rheumatism. The tonsils were large and rounded, but otherwise there was nothing special about their appearance, but with such a history they were condemned. The tonsillar lymph glands were large. I heard later that he had finally taken my advice after wasting some months with vaccine treatment and ionic medication. The enucleation of the tonsils, however, is only the beginning of treatment—the cutting off of the source of supply. But his resistance should thereby be increased, and though the cure of the adenitis will be a matter of many months yet cure should result in the end.

About tubercular cervical adenitis I need not say much. The work of Mitchell and Stiles, of Edinburgh, long ago demonstrated tuberculosis in teeth and tonsils as the focus of tuberculous glands in the neck.

The point to be seized on is that there must be a portal of entry for the tubercle bacilli situated at some point in the area drained by the particular lymph glands affected. Treatment consists first in removing the focus, and secondly in a block dissection of the affected glands, unless the condition is very early and amenable to medical treatment. If done early enough the removal of the focus will result in the resolution of the adenitis.

I noticed lately in a certain journal that a doctor showed two cases of "lumps in the neck," for discussion as to the appropriate remedy. Two surgeons present promptly pointed out that the first thing to do was to extract the grossly carious teeth.

The lymph glands drain definite areas. If disease appears in the glands look to the areas which they drain. The glandular trouble is only the result of the primary disease, an attempt to limit its spread, and to treat the adenitis only is foolish and futile. If the focus be dealt with early enough the adenitis will subside. This is illustrated by the case of a strumous boy of five, whose sister had had tubercular glands when in Scotland. He developed what appeared to be a tuberculous infection of the tonsillar lymph gland on one side, which medical treatment failed to affect. Softening appeared to be taking place. The tonsils were enucleated and the swelling gradually disappeared.

Tuberculous tonsillar infection is often next the capsule, hence total enucleation must be done—a tonsillotomy will in most cases be useless. In "Surgery Gynæcology and Obstetrics," April, 1917, Ladd shows micro-photographs of sections through tuberculous modules in tonsils removed from cases of tuberculous cervical adenitis.

7. CHRONIC ARTHRITIS AND BONE INFECTION.

The ætiologic relation between focal sepsis and the above condition has been so amply proved that I do not propose to go into details. It will be sufficient to remark that Rosenow¹⁵ states that with a proper technique the causative organisms can be isolated

¹⁵ Rosenow quoted by Billings, *loc. cit.*

from bursæ, synovia, tendon sheaths, and joint capsule. In any case of chronic arthritis our first duty is to look for some source of sepsis. Ionic medication, hot air, electricity, massage, etc., etc., all undoubtedly do *some* good while they are continued, but their proper place is in the treatment of the affection *after* the septic focus has been eradicated. Bearing in mind that cartilage has been destroyed, and that there are often gross bony changes, we must realise that long and patient treatment will be necessary to help the parts to right themselves so far as that may be possible. *First*, then, remove all primary and if necessary all secondary foci. "Repeated examinations must be made. Buried septic tonsillar tissue may be left at the primary tonsillectomy. An infected sinus may not have been adequately treated. There may be a deep alveolar abscess. There may be an ever-present gonococcal infection of prostate and seminal vesicles" (Billings). *Second*, build up the natural defences of the body, *general* and *local*.

Cases.

School teacher, female, aged 31. Complains of rheumatism in neck and shoulders. Pains down right arm, with pins and needles. Pains in knee joint, calf and ankles. Wakes her at night. Teeth bad—extracted by dentist.

Her tonsils had been guillotined years ago—and afterwards cauterised, and she had been told that they would never trouble her again. Tonsils small and flat. Tonsillar glands enlarged. History of repeated attacks of quinsy. Pains in joints continued and right knee became very troublesome. The pain improved only with rest, and the knee gradually grew worse. I saw her two to three months after the teeth were extracted. The right knee had lost its sharp outlines. It was stiff and grated on movement. I diagnosed a chronic septic arthritis. This was in September. She continued at work till the Christmas holidays, when after taking great pains to eliminate any other source of sepsis, I enucleated her tonsils with the Sluder guillotine. They were "flat" certainly, but the mass of tissue present was surprising. She improved in

herself and lost the tired feeling, but the knee went on as before, and no wonder, for an X-ray showed destruction of cartilage over the inner femoral condyle. Dr. Clendinnen diagnosed the skiagram as septic, possibly gonococcal, certainly not tubercular.

The position now is that she has at last consented to give up work and have proper treatment of the joint. But it will take months for the processes of repair and restoration to be completed. (X-ray shows joint healing well after months of treatment in open air.)

(To be continued.)

REPORT OF THE ANNUAL MEETING OF THE MISSIONARY SCHOOL OF MEDICINE.

THE Annual Meeting of the Missionary School of Medicine was held at the London Homœopathic Hospital, on Friday, June 27th, 1919.

In the absence of the President, owing to ill-health, Professor Beresford Pite, M.A., occupied the chair.

The Meeting was opened by Prayer by the Rev. H. Stork.

Dr. Vincent Green read the Report of Council, as follows, which was unanimously adopted :

The clash of arms was suspended a month after our present Session opened, and even before that date the consciousness that we must be prepared to welcome a glorious peace, pervaded the public mind and had its effect even on our little circle. More enquiries about our work and more entries on our roll of students, showed that the fierce grip of war was beginning to relax. For four years steadily increasing stress had imposed ever fresh limitations on the number of our teachers, and ever growing burdens on the time and strength of those left to carry on the daily round.

Owing to these facts, our yearly gatherings have been suspended or modified, and at one time (in 1915) the Executive and Council had very seriously to consider the desirability of closing down for the time. Happily, this proved unnecessary, though during one

Session we almost drifted into a state of suspended animation.

The continued support, help and interest of our subscribers has greatly encouraged the Council and Executive Committee. Indeed, it was never serious lack of funds which caused us to reach a very low ebb, but want both of teachers and students.

Perhaps it is desirable at this point, for the information of those unacquainted with the Missionary School of Medicine, to remark that we do not turn out fully qualified doctors, and our students do not aspire to medical degrees. We endeavour to supply them with knowledge which will enable them to give "First Aid," and to see minor cases through their whole course. Sometimes they are called upon, in the absence of medical aid, to attend serious cases, and when they are able to do so, it is all so much to the good. In the remote regions where our students work, having left our advice and control, there is usually no medical etiquette to be infringed, and no professional advice obtainable.

Use has just been made of the expression "remote regions," and here it may be stated that those regions are represented this Session by the Belgian Congo and British East Africa, Northern Rhodesia, Labrador, South America, Malay Straits and India.

During the war we have had eighty-six students, of which number seventeen were registered in the present Session. They were associated with twenty-two Missionary Societies. It is a fact not without interest that these are mostly the smaller, the newer, and the undenominational Societies. The more highly organised Societies, having Medical Boards, are less ready to recognise this School, showing a prejudice which is rendered out-of-date by the fact that this Hospital received and treated naval patients, sent by the Admiralty during a large part of the War. Some of these Societies, however, have "broken the ice" by sending us students for special departmental training only. Some of the students had been abroad before, but most of them had not. Some few of them had been with us years ago and had returned to refresh

their knowledge. To such we always extend a very hearty welcome. Their return is a form of testimonial we greatly value.

Since our last formal Summer meeting we have lost by death one of our Vice-Presidents, Mr. Ridley Bax, and two of our teaching staff, Dr. Blackley, and Dr. Percy Purdom. The loss of these good friends we mourn and we offer our sympathy to their surviving relatives. Time has alas! also deprived us of the active services of Mr. Knox-Shaw and Dr. Burford, but we are glad to have the advantage of their experience and advice on the Executive Committee and Council. Our Council has recently been strengthened by the addition of Mrs. Rayner of Tunbridge Wells, and Mrs. Boake. The latter has very generously provided for two free studentships annually. Such studentships are eagerly sought after and greatly valued, and the thanks of the Council are due to Mrs Boake for so kindly helping them thus to help fresh candidates year by year. Two such are already promised, one on the nomination of our President, and one for a candidate of the Zenana Bible and Medical Mission for next Session.

In the name of the Council very warm thanks are hereby offered to the Board for their continued co-operation in the work of the School; to the Matron, the Sisters and Nurses for ready and willing help to the students in Ward and Out-patient work; to the teaching Staff one and all, without whose active collaboration the work could not be carried on. Their help, we know, is often rendered at no small cost of time and strength and inconvenience.

As shown by the Balance Sheet already circulated, this Session—our Sixteenth—was begun with a small balance in hand, and so far we have been able to pay our way, thanks in part to the nominal honoraria accepted by our teachers, some of whom most handsomely return their hard-earned fees.

The work of next Session promised to show considerable increase, and our gratitude—very real and hearty—to our sympathetic supporters is coupled with a lively expectation of favours to come!

Letters from the President of the Society and from abroad were read by the Honorary Secretary.

Dr. Neatby before reading the Customary letters from abroad, from students who would have liked to be present that afternoon, said he believed that the meeting would form what one might call a "Watershed" or a "Great Divide," and constitute a dividing line between the years of stress and strain when, as the report recorded, the School reached a very low ebb, as regarded members and teaching force at home, and a more prosperous and useful future. The Society was fully anticipating a very busy session, when the work of the School would go on in the same way as it did before the war.

He looked towards the future with confidence and thankfulness, in the hope that the meeting next year would be even larger, and that there would be an increase of students. Considering the circumstances the School had not done badly as regards the number of students. Over eighty had been trained during the war and seventeen during the present session.

EXTRACTS FROM LETTERS RECEIVED FROM FORMER STUDENTS.

From Miss Ireland, Strict Baptist Mission, writing of a camping tour in February, 1919, says: "Our first camping place was Bellukuritchie . . . Mr. Morling is up and out with dawn, preaching, while we begin medical work. The news that we had brought medicine spread like wildfire, and soon a crowd had gathered with all sorts of complaints, fever, jaundice, coughs, headaches, ulcers, dropsy, elephantiasis, leprosy, ringworm, etc, etc. It took all our time to attend to them. . . In four days our stock of medicine was exhausted, but we managed to get the materials for Sulphur ointment, and gave that away *ad lib*. Hundreds came for it—cocoanut shells were handed in by the dozen. These people can only get medicine by walking from seven to ten miles through loose sand. The requests we had were most pathetic—people begged for new sight and hearing, and lepers begged for medicine to remove their terrible disease.

. . . As I walked along the streets people ran after me begging me to come and see someone or other who was sick. It was the same with Bible work—people could not hear enough. We went from house to house and in each one people welcomed us. . . As we were leaving one house, an old lady said, ‘come again, we have never heard these things before.’ ”

Mrs. Harding, writing about her work in the Belgian Congo, and in Italy says: “ When I arrived at the Mission Station in Central Africa, I, with another lady missionary, was given charge of the medical work. We used to tell the patients to come in the morning, and they began at daybreak, long before we were ready for them. Most of them had sores on their limbs, which required dressing daily, and those who came regularly were soon healed. Many came from long distances. . . and they had great faith in us. . . In the case of accidents they always ran to us, and we were able to save one poor boy’s leg, which had been seized by a crocodile and been badly bitten. The little babies suffer greatly from pneumonia. . . in one case we found one baby lying unconscious; the heart was beating, but very feebly, and the mother said it had not taken milk all day. . . I undressed it and put it into a warm bath, and after a few minutes it opened its eyes. Then I wrapped it up in warm flannel, and gave it two or three drops of brandy in a little warm water. It revived and I gave it to the mother to nurse, but it seemed unable to draw, so putting my finger under the tongue, I found it was tongue-tied and with a pair of scissors I snipped the frænum, and it was marvellous to see how immediately the baby began sucking and the mother’s joy was complete. A few days later I went again to see this woman and I found the same baby very ill with bronchitis, it could hardly breathe; I showed the mother how to make a linseed poultice and put one on the chest and one on the back, and made her keep it in one room . . . I noticed the baby had a white tongue and a dry cough, so I gave it Bryonia 3. The day following it was much better, and in a few day’s time it had quite recovered. Now it is five

months old and the picture of health, but very naughty because its mother does not know how to train it."

Extracts from Mr. Sear's letter. Writing from Liverpool, Nova Scotia he says: "The dentists would be delighted with my dental record for Newfoundland, scores of extractions with hardly a broken root . . . One woman who needed a full upper and lower false set of teeth, owing to her own being so bad, came to me, rather than go to the dentist in N. Sydney, N.S. She had four or five teeth or parts out at a sitting until her mouth was cleared, and then went to the dentist for her new ones.

"Thanks to Dr. Hey's instructions I had one success that will be long remembered. It was in the winter of 1917, the children were tobogganing down a steep bank and across the ice on the bay in their slides. One boy of thirteen years in the front of a slide carrying two or three others, in trying to avoid a collision attempted to slew the slide with his right heel. The result was a Pott's fracture. The doctor who visited our settlement was not due until the Spring, except under very special circumstances, and twenty-four hours was the quickest he could arrive in his motor yacht if the weather was good and he happened to be at home, but two or three days' wait was the more likely. I did my best therefore for the boy, using a box splint as instructed. Three days later the doctor arrived in the settlement unexpectedly. After viewing the foot he complimented me on my effort and told mother and boy that they should be eternally grateful to God and to me that the boy had been in good hands and would not be a cripple for the rest of his days. When we left Newfoundland the boy had gone to sea as active as ever.

"Two medical cases will be of interest also. (1) One of our young fishermen was sent aloft to adjust a top-sail that had become fouled with some of the ropes. He was clinging to the topmast and accidentally slipped and came down hard on the head of the mainmast in a sitting posture, thus badly jarring the spine. He was put ashore useless. . . . A week or more

later he arrived home looking a wreck of his former self. For three weeks or so he sat around at home and on the shore. He lost flesh and colour, had no desire to eat, couldn't sleep, would not talk, and caused his father and sister much anxiety. Eventually they asked me if I could do anything. I was very dubious, but in looking through my medicines I saw *Hypericum* 30, which I bought before leaving England, after my last brief course in Great Ormond Street. Dr. Weir had told me of a young man who had been operated on for spinal pressure, but, still after the vertebra was re-ossified in the region of the operation, remained paralysed from the hips downwards. *Hypericum* had completely cured him.

I had diagnosed spinal pressure, irritation or something similar and therefore tried *Hypericum*. I gave him one dose *Hyper.* 30 and a placebo. The sister two days after said I had worked a miracle on Jack. He began to eat and she couldn't satisfy him, got up in the morning without great effort, began to walk around and examine his fishing gear. Within a week he was out in his boat with a net, and within three weeks had rejoined his vessel as well as ever.

"(2) Perhaps my best advertisement for amateur Homœopathy in Newfoundland, was during my first three months there. A man of forty-five was a chronic invalid. He had done no work for five years, had been in both St. Johns, Newfoundland and Sydney, N.S. hospitals, and had been attended by numerous allopaths for his complaint. What their diagnosis was I could not understand from the poor fellow. He was white and emaciated, too weak to work, hardly able to walk at times. The whole of liver region was in pain, with numbness, worse by movement. Occasionally he would have spasms of excruciating pain, when he would literally shriek; after a period of vomiting the pain would subside. So he had gone on for a year or two, doctors, hospitals and patent medicines all doing no good.

"I hoped for small result from my smattering of knowledge, but nevertheless tried. I spent nearly an hour quizzing him for symptoms, and two or three

more for a remedy, and finally gave him Bryonia 30, one dose and no placebo and then waited. The man thought me crazy and told others so, especially after being accustomed to eight ounce bottles of horrid mixtures. Three weeks later he came back for more, he felt better, had less pain, had had fewer spasms of pain with vomiting and certainly looked better. I gave him one more dose and waited. I doctored him occasionally for from three to six months, giving Lycopodium and Chelid. Maj. occasionally as indicated. Before the six months was up, after five years' idleness he began light work, and during the following spring, summer and fall worked as hard as any other man. During our three years' stay in Newfoundland, he had no return of the trouble. I sometimes wonder if Homœopathy cured him or if it was a mere coincidence, anyhow, he got well and I received the thanks of scores of other acutes and chronics of all sorts as a result. William James is still regarded as a miracle."

CHAIRMAN'S ADDRESS.

PROFESSOR BERESFORD PITE, M.A.

This Missionary School of Medicine deals with isolated non-medical missionaries—a carefully chosen title to save all manner of difficulties and to make its purpose clear. The missionaries are "isolated"—I suppose that means from the sphere of the practice of medical men—and being isolated they have to be "non-medical" or they would not come within the operation of this School. The position is interesting when we couple the isolation and the non-medical definition with the word "missionary." It suggests to me that others, well-known as great missionaries, and to whom we owe everything, were themselves isolated and non-medical, and this carefully guarded definition created to meet the complicated conditions of modern society, really brings us back to the primitive simplicity of the apostolic order—non-medical and isolated. We can even go a step farther back than the apostles—it is true of our Lord that he was once a missionary who was isolated, and I think I am

speaking correctly when I say that in the proper meaning of the term he was non-medical.

There is a difference between you and the apostles as there was between the apostles and their Master, but the course of this School in completing the missionary equipment is one which goes to make up that difference. Its work is ancillary to the greater work.

Some time ago I heard an extraordinarily interesting Hospital Sunday sermon on the text "Bear ye one another's burdens." Every man must bear his own knapsack to a certain extent, but the text applies to such work as this School is doing. It is instructing and guiding in the difficult work of bearing one another's burdens, and thus it fulfils the law of Christ.

The work is subordinate but it is important. It is an element of unquestionable value in missionary life. We all know enough now to convince us of the extraordinary value of this subordinate element in the great missionary enterprise which lays the foundation of this work. The missionary equipped with the knowledge, skill and hopefulness of this course of study will be able with increased confidence and inclusiveness to say with Paul, "I can do all things through Him who strengthens me." The number of the "all things" has been very much increased to that missionary by his course here. It is open to any Christian with sufficient faith to say that he can do all things, but if that "all things" comes to include tooth extraction, lancing of tumours and cutting of tongue-ties, I should rather think the "all things" were made more practical and operative in their meaning by a preliminary course at the School of Medicine.

All these things are ingredients in this missionary offering which is, without any doubt, an incense and an "odour of sweet smell"—an additional, interesting ingredient to the life work of devotion. You are acquiring here experience and knowledge of dealing with details which will further the growth and work of the Eternal Kingdom. Your studies here as students develop and add to the talents committed to your charge for cultivation and growth. If a blessing

attaches to the cup of cold water which anybody can give in the name of a disciple, a blessing also attaches to the cold water bandage and to the minor surgical operations performed with the same object and in the same spirit.

It is very interesting to think that even such a thing as extracting a tooth or administering a microscopical dose of bryonia is recorded by the Master who says "Ye did it unto me." It touches with glory even the simplest course of study here.

I think I may remark that the medical profession is itself a ministry of relief to the suffering that has aspects which admit of the very highest ideals and many very interesting professional aspects which affect us all. It is a ministry which has as its ideal the saving and helping of those who are lost. It is a temporal ministry and tends to keep the soul within the body for the time being only, but it is a ministry which extends in its effects long beyond the mere momentary relief which it performs. Coupling this aspect of the medical profession with the main purpose of this School of Medicine to equip the missionary, how vital and important does the work become! Things eternal hang upon the things temporal, and the isolated non-medical missionary is able to look from the temporal aspect of his ministry to its certain eternal value.

We speak of our Lord as the Great Physician. Of course the day will come when He will lay His physician's robe aside, when there will be no more suffering, no more medicine, and the Tree of Life will have done its work.

In conclusion, I should like to say that it is refreshing to hear about the details of the work as given in the letters from old students abroad. It is extraordinarily interesting for you to be engaged on the outskirts of such a vast and complex important subject as the study of medicine and to be able to pick up knowledge which is of such obvious usefulness. All that is interesting, but don't let the interest of the detail cause you to lose sight of the fundamental great and enduring meaning of it all. The missionary is not merely out to afford the best amateur assistance to the

suffering. He is not merely a philanthropist qualifying by the course of this School to more effective and useful philanthropy—if he is anything at all, he is a living response to the Divine impulse. He is a reflection here of the great motive force of the universe. "God is love, and everyone that loveth is born of God and known of God," and the student here can not only find the interest and absorption in detail which is so abundant, but can always realise that he is a manifestation here below of the great divine impulse which has moved creation, which has moved redemption, and will overrule all the mysteries of life and bring them to perfect accord and perfect beauty in the long run—an impulse which moves you to the Mission Field. What is it? Think of it! There is no other answer possible than this, that it is the love of God, who came not to be ministered unto but to minister, and to give His life a ransom for many. A love which solves the mystery of sin and solves the mystery of suffering in sympathy, in that He is able to suffer. We are in this work, in our life, and in the application of our knowledge and experience gained here, manifesting in the work actual and experimental—that which so moved our Heavenly Father that He gave His Son to heal and to restore suffering men to His own Image. The work of this important Hospital in which you are privileged to be associated helps every member to realise the solution that it offers to the problems of time.

MR. RICHIE, of the Evangelical Union of South America, referring to the great need of medical knowledge in the Mission Field, said: I speak as a man who is destitute of the knowledge and has had thirty years on the Field. I know how much medical training is needed, and it is of this I promised Dr. Neatby to speak this afternoon.

For the last thirteen years I have been travelling about Peru. Before I went I heard that "A little knowledge is a dangerous thing," but I have found that a little knowledge is a huge percentage premium on total ignorance. After my thirteen years travelling about I should like heartily to endorse the Chairman's words.

As missionaries, our primary mission is to give men and women the gospel, but when you find yourself by a man who is in agony, hear his story, offer him your pity, pray for him and then find you are stuck, you will realise that a little knowledge would be a great thing.

On one of the first journeys I made I travelled for three weeks, and in this three weeks I was asked to heal the sick, and everywhere I went they implored me to bring them books to tell them how to heal their sick. In this three weeks I only went to one place where there was a doctor within easy distance. We were travelling; climbing 5,000 and 6,000 feet above sea level and down hopeless paths over country where a sick person could not possibly travel. The isolation of sections of population in a country like Peru is terrible. Great numbers of these isolated groups are poor Indians and half-bred people to whom no Doctor would go, and in the course of our work we travel through this country and meet the people and cannot minister to them.

I have experienced this myself many times and I wish to say that in my experience in the mission field every man who possessed this medical training was able to do much more than the man who had not received it, and I have been compelled to realise over and over again that the little knowledge that I once thought a dangerous thing, was a great asset to the missionary.

People who have only lived in civilised communities cannot credit the kind of thing these natives will do with their sick people. Shortly before I left Peru there was an account published in the papers of a French Doctor having been chased out of a town because he tried to stop the people giving urine to diphtheria patients. That is an illustration of how they treat their sick.

As missionaries we go in and out among these people, and it is terrible to feel that we are unable to help. I have been able to help them in many other ways, I have taught them how to plant potatoes when they did not know, I have shown them how to save their

sheep, how to clean up their towns and banish fever, and what is the result? If my message is true when it applies to sheep and potatoes and clearing out fever it will be true also when I tell them of a sin-sick soul and its remedy.

One little village was a terrible state when I went there but now it has so improved that when they see a man the worse for drink they say that he must be a "Mountain man" and could not possibly belong to their village. The Municipal Agent in that village is president of our Evangelical Group. The ordinary newspapers in that village have a circulation of about twenty, but I have about 100 subscribers to my little Gospel paper. It has brought them a message which they find works, therefore they believe it.

MISS F. BRITTLE, B.A., from Algeria: It is a great pleasure to me to be again at the Annual Meeting of the Missionary School of Medicine, for more and more as I stay out in a foreign land do I realise what it means to have the perhaps little, but at any rate valuable, knowledge that we have learned at this School, in the background when it is needed.

It is very difficult for those who have lived in the towns of England to realise what it means to be far away shut off from all medical help with no doctor for many miles—sometimes over a day's journey away—and with no chemist's shop handy. So often missionaries are sent out who know nothing of medicine, and when sickness comes upon their comrades they are face to face with some dreadful mystery, not even knowing how to start to diagnose the case or how to take a temperature or shake down the thermometer.

As a case in point, I remember someone who came out to us. She began to suffer with pain in her side and we could make out nothing to account for it. As she breathed the pain got worse. We put her to bed and started treating her for pleurisy, which seemed to make no difference to her. Then I began to think of what I had been taught here and at last decided she had false-pleurisy, and treated her by bandaging the chest as if the ribs were broken. She got relief immediately and in a very short time was cured altogether.

At that time I was working in a Children's Home and of course, it is well known how many small exigencies arise among children. There was one case there of a child who was constantly suffering from glands in her neck. She had them very often, and the head of the home was puzzled to know what to do for her. They had tried tincture of iodine locally which seemed to do no good, so when she was brought to me I gave belladonna internally and the day after when we examined her she seemed a little better, and shortly afterwards everything cleared up beautifully. I felt very glad, because the Head of the Home had been rather sceptical of the medicines I recommended, and it gave me all the more confidence in working.

Another time when I had just returned from furlough a child was brought to me who belonged to the Home and who had recently been to her own native home for a holiday. The child had a terrible ulcer on her leg which was in a very bad condition. We cleaned this up but even after it got into a healthy condition it refused to heal. Then I remembered a "tip" I had learned here, that tin-foil laid over an ulcer would allow the new growth to become permanent. I sterilised some chocolate box tin-foil and laid it over the ulcer, which then very soon became healed.

Another child who came to the classes week by week disappeared one day and we went to see what was the matter and found her lying in bed very ill. There seemed to be a huge abcess from the base of the spine right round almost to the front of the hip. I told the mother I was afraid the case was too far gone for me to try and treat. However, she begged me to do something, so I applied poultices as well as I could, and at last when it began to show signs of softening I told the mother that probably it would ultimately have to be opened. The next day I found the wound was opened, and to show you the sort of things those who suffer have to put up with, I noticed that the wound was peculiar looking and I suspected that it had not opened naturally. The mother swore that it had opened naturally, but I felt that this was not

true, so I said to the sister of the child, pointing to the safety pins that were used to fasten the hair, "It was one of those pins you used to open this wound, wasn't it?" and she told me that that was so. However, by gradual degrees we managed to get the swelling right down and I injected glycerine and tincture of iodine and left her. I was rather afraid the trouble would recur, and I had to leave the place shortly afterwards. A short time ago I met one of the missionaries from there, and heard that the child had quite recovered and showed no signs of ever having suffered from her leg.

Speaking of knowledge—little or no knowledge—I must say, and all those who are abroad will corroborate this statement, that a little knowledge very often does mean all the difference between life and death, for no knowledge at all is often fatal.

The wife of one of the native Christians after having a child showed signs of fever, and the missionary who was looking after the case was ill in bed and unable to attend the woman. I should have known nothing about any sort of treatment for her if I had not been allowed to go up into the operating theatre here, but because of that I was able to follow the instructions of the one who had told me what to do, and the fever left her soon after. We felt sure that that did mean the difference between life and death to that woman.

As has been said already, in new places medical knowledge of some sort—even the simplest—opens doors in a wonderful way, certainly amongst the Moslems, who cannot be reached in some of those villages down the south side of the desert by literature or other ways. They can be reached by medical knowledge. The favourite wife of the Kaid of the village, or his favourite son, may have fever, and although in ordinary circumstances one is forbidden to enter the house, he will send and beg for the missionary to go and give medical assistance, and when one has once got inside the house, one is sent from room to room as if by magic.

Dentistry is of great use out there, because they certainly have a very cruel way of pulling out teeth.

When they find that they can be extracted by a more or less simple instrument, the news travels round like wild fire.

I should like to take this opportunity of thanking, from the bottom of my heart, all those who have been so kind in doing all they can to help us in facing the difficulties abroad. I regret, sometimes, in thinking of all the riches of knowledge and experience put before us to feed on, that our capacity for taking in is so small, though we come to them with big appetites. We do owe a great debt of gratitude to you here and I wish it were possible to pass on all the gratitude that we receive from our patients, and which I think is due to you as well.

REV. STANLEY FRANKLIN : I take it that the purpose of this School of Medicine for missionaries is three-fold.

The Directors' first aim is to give the missionary himself a certain knowledge of elementary medicine, surgery and hygiene in order that he may protect his own body.

The second purpose is that he may give an eye to the bodily health of the missionaries with whom he may have to work, and the third purpose is that he may use his leisure and the opportunity given to him to relieve the needs of the people amongst whom he works.

Concerning the first it is hardly appropriate that I should say much excepting that I was able to spend a year in the internal part of South America, in a part of the country notorious for its deadly climate, without losing a single day or being delayed a single hour on my journey through any personal ill health.

Concerning the second part, the friend and companion with whom I was travelling fell ill with fever the day after we landed at a small port on the Pacific side of South America. He had a strong prejudice against homœopathy and any kind of medical treatment, therefore he did not take kindly the suggestions I made for homœopathic treatment or treatment on more orthodox lines. I therefore thought it necessary to introduce some medicine in the drinks that he was in serious need of, and in forty-eight hours the fever

subsided and we were able to carry on with our journey.

Some weeks after that we were down in the interior on one of the tributaries of the Amazon and were held up for four days owing to the state of the hand of our canoe-man. He had sometime previous to that run a splinter into his palm which had suppurated and he was quite unable to use his hand. As the river was running deep and it was impossible for us to travel without him I felt bound to persuade him to let me treat him in some manner. He was very reluctant and fearful of a white man, but nevertheless a little persuasion enabled me to give him some hepar sulphur which, in less than twelve hours, began to reduce the inflammation, and after he had seen the magic of that draught, he was quite willing for me to put a knife in and let out the most, if not all, of the suppurating matter. In forty-eight hours we were able to proceed on our journey, and as we went from one village to another there came first one native and then another asking for treatment.

On the same journey one of our men developed a lump in the neck which did not alarm him very much because he was subject to them. This lump developed rapidly and was more painful than usual and that necessitated lying by, as far as he was concerned, for some days. At that time we could not spare him. The river was too deep for safe travel and daily growing bigger. It was imperative that the man should be got well. I cannot tell you what spiritual help I first obtained—it would be amusing but take too long if I were to describe to you the painful time I had in asking him various questions which would give an indication for the remedy. Enough to say that indications led me to choose silica and I gave him that medicine. A single dose was sufficient. In forty-eight hours the lump had disappeared and the man's gratitude was overwhelming.

I was one afternoon in a small mountain town in Columbia speaking of the work in which I was engaged and a woman asked me if I could do anything for her little girl. The child was about nine years old and had

never been physically well. She was stunted in growth, her hair was short, brittle and dull, and her teeth were mis-shapen and showed marks of constitutional disease as well. It was quite possible to count little knobs along her ribs and her legs were mis-shapen, while over both eyes I saw spots of opacities. I felt that on the whole I should be better to give nothing at all and declare that she was beyond all help.

I asked the mother what the local medical man was giving, and she showed me a bottle of water scented with rose; she had been instructed to drop that into the child's eyes. She so implored my help that after a time I tried to go into the case in order to prescribe as well as I could, although of course in a constitutionally unsound case like that one could not look for dramatic changes. Within a fortnight that girl's attitude was radically changed. There was marked improvement which was so great that the neighbours carried the child from house to house to show each other what had been done by the Protestant Missionary. As a result of that case, for the next few weeks I remained in that town, I had more opportunities for amateur prescribing than I could cope with, and as I stood in the street the day I left there ensued a scene that has burnt itself into my memory. That child's mother threw herself down and sought to kiss my feet, and failing that, to kiss my hands.

We were in bad odour with the Ecclesiastical authorities of the town, but to remember that I had left behind one full heart was enough, and I felt that I owed it all to this Missionary School of Medicine.

Professor Pite has referred to Salonica. Rather more than a year ago I found myself in that town working with the Y.M.C.A. in a camp that happened at the moment to be full of soldiers, but without resident medical officer. Before the doctor arrived however, there broke out a violent epidemic of what appeared to be a dysenteric type of diarrhœa. It began in the Y.M.C.A. staff, and I felt that I had a right to use what remedies I possessed.

The first of my patients was a medical student from

Trinity, Dublin, who was Irish, orthodox in medicine, and not above saying just what he thought of homœopathy when I gave a tiny insignificant dose of emetine—a prescription I owed to Dr. Wheeler. Literally within six hours that worker was again on his feet working amongst the men. Most of the Y.M.C.A. fellows fell ill with the same trouble with as dramatic a recovery, and in the course of the next three days the epidemic spread almost through the entire camp. I was kept busy going from tent to tent looking after the men until the arrival of the doctor, when I carefully shut up my medicine case.

By the little knowledge I had acquired here I had been able to tide over the time of waiting.

DR. NEATBY said that with reference to the prizes it was only right that he should explain that the School prizes were presented by one of the members of the Council, a lady who wished to remain anonymous. The lady was present at the meeting and he tendered his thanks to her and hoped she would receive them as from the students themselves, although she would not allow them to accord her the personal thanks they would only too gladly give.

Dr. Wheeler, as lecturer on *Materia Medica*, had given a small prize to the best of his students. Dr. Margaret Tyler had promised some very useful and valuable little books to the best three students who attended her lectures on the diseases of children. The successful students were Rev. Mr. Laverick, Miss Wightman, and Miss Falconer. The books had not yet arrived from America.

There was a President's prize which had been won by one of the students, and some more prizes from Dr. Burford, who had done so much for the success of the School, first as its Treasurer, and for many years as a teacher. He was not on active service in the School now, but they had his advice on the Council, and the books he had presented would be extremely valued by the students.

The prizes were distributed by MRS. ROSSITER HOYLE.

First Prize.—Rev. Mr. Laverick. Case of instru-

ments, Book on Medicine. Books presented by Dr. Burford and Dr. Wheeler. (*Vade Mecum*.)

Second Prize.—Miss Wightman. Homœopathic Medicine Chest. Hypodermic Syringe. Dr. Burford's books.

Third Prize.—Miss Falconer. Book on the Principles and Practice of Homœopathy. Clinical Thermometer. Lady's Manual. *Vade Mecum*.

President's Prize.—Miss Hilton (for assiduous and long attendance). Clarke's Prescriber. Hypodermic Syringe. Dr. Burford's books.

"Consolation Prize."—Miss Appleby. Chatelaine, with surgical instruments.

With reference to the prize winners DR. NEATBY said that probably Miss Falconer would have been higher up in the list if it had not happened that she was obliged to be away a great deal of this present term, and was unable to attend some of the examinations; therefore her marks were lower than they would have been.

These remarks also applied to Miss Appleby, who would have been much higher up on the list if she had not been prevented by other work from attending regularly.

ADDRESS TO THE STUDENTS.

MR. MARSHALL BROOMHALL.—My message this afternoon is from that great chapter in Hebrews where we have a Jewish record of the Word that without faith it is impossible to please God, "For he that cometh to God must believe that He is, and that He is the rewarder of them that diligently seek Him."

Emphasis has been laid this afternoon upon scientific training, and rightly so. I want to lay emphasis upon another truth, not antagonistic but in harmony with the other—faith in God. This is not optional, but essential. Without faith it is impossible to please God.

Marshal Foch in one of his addresses after the signing of the armistice said, "Victory is a matter of science, but also of Faith—the man of faith never gives in," and referring to himself he said, "My chief qualification was that I never despaired."

In some ways Marshal Foch puts science first. "Victory is a matter of science but also of Faith." I want to put faith in God first. Science is allied to faith and comes from it.

With regard to the war, when the war broke out we were scientifically not ready. It was faith that saved us. Faith in our cause and in the cause of righteousness, even in those who had not faith in God. Germany was scientifically ready, and that faith that we had, though not scientifically ready, made the scientific preparation.

Now this great chapter in Hebrews, called the "Chapter of Faith," might also be called the "Chapter of Efficiency." Noah, the man of faith, prepared the ark, and the more he believed in the coming flood the more scientifically he built that ark.

Faith will never allow a man to be slovenly or careless. True faith goes hand in hand with efficiency. Moses, another great hero of faith, who by faith refused to be called the son of Pharaoh's daughter, was the most efficient scientific legislator this world has ever had. Joseph, as a Governor, made the most scientific preparations in the days of plenty to provide against famine.

So, whilst to-day you have been thinking—and rightly thinking—about scientific efficiency so far as it is able to procure it, I want to remind you of that other truth which is essential. "Without faith it is impossible to please God," and when all that science has given us can be attained, there is something yet beyond which we need not to forget. By faith we believe that the world was made by the word of God, and that the things seen were not made out of things which do appear. There is the unseen—the things that do not appear—the hand of God. We need to have faith in God. Without faith it is impossible to please Him. Therefore, whatever else we may have is really from the highest point of view, of small importance if we cannot please Him. As missionaries we desire to serve. Without faith it is impossible to please Him. We need to encourage ourselves with

that last word, "He is the rewarder of them that diligently seek Him."

PROF. BERESFORD PITE proposed that a hearty vote of thanks be given to Mrs. Rossiter Hoyle for so kindly distributing the prizes that afternoon—the concrete result of the meeting—something that the successful students could take away with them in their hands as well as in their minds. The prize winning was very important, and those who had not won prizes had had the delights of the race and competition.

He was very much obliged to Mrs. Hoyle for so kindly distributing the prizes.

DR. BURFORD said he had great pleasure in seconding this vote of thanks. He had been engaged and had considerable experience in teaching medicine both at the Hospital and elsewhere, and he had never seen such enthusiasm as was usually manifested by the ladies and gentlemen who came to the Hospital to learn something over and above their life's work. It was a pleasure on the part of all concerned to convey this knowledge and to give all the facilities possible to the students for the acquirement of such knowledge.

He felt sure Mrs. Hoyle must feel extremely pleased to be able to aid the Chairman and to grace the meeting with her presence, and he only wished she would repeat it on another occasion.

MRS. ROSSITER HOYLE, in replying, said that when Dr. Neatby had invited her to distribute the prizes, he had told her that she had no need to speak, but only to smile. She supposed he did not think she had smiled enough. It had given her very great pleasure to be present. She had always been a great homœopath, but what she had heard that afternoon, especially about Bryonia, had made her even more of an homœopath than she was before.

Mrs. Hoyle thanked the meeting for the vote of thanks they had accorded to her.

DR. NEATBY wished to ask the meeting to pass in one vote two or three expressions of thanks.

The first was to the Chairman, who had been so kind as to attend the meeting, not for the first time.

He had always taken a lively interest in the School. He had given a most inspiring address, and had most ably filled the chair in the absence of the President.

Coupled with this vote of thanks he would propose one to the Board of Management of the Hospital for the facilities they afford to the School for conducting the work, and added to that he would like to mention the very kind and sympathetic help that Matron and the Sisters and Nurses gave to the students. Matron afforded facilities for them to go into the wards to see and take part in quite a number of nursing details that otherwise would be mere theory and learned less perfectly from books.

The teaching staff, the Doctors who had at much trouble attended to give lectures and to take the students in the clinics, wards and out-patient departments, also deserved a vote of thanks, as also did the Council and Executive Committee.

These votes of thanks were carried unanimously.

PROF. PITE, in replying, said that he was an old and convinced homœopath, and the names mentioned that evening included many friends of his family and himself. He would like to emphasise the great debt of gratitude the School owed to the Board of the Hospital, the Matron and Nursing Staff for the opportunity afforded by their generous wisdom, which was of inestimable value and upon which the success of the School depended.

HOSPITALS AND INSTITUTIONS.

GARDEN FÊTE AT BROMLEY HOUSE.*

SUCCESSFUL GATHERING.

OVER £200 FOR THE PHILLIPS' MEMORIAL HOSPITAL.

PAGEANT INTERLUDES AND OTHER ATTRACTIONS.

At the end of the grand garden fête held at Bromley House, High Street, Bromley (kindly lent by Mr. W. Ridley Richardson) on Saturday afternoon and evening, in aid of the Phillips' Memorial Hospital,

* From the *Chronicle*, June 19th, 1919.

Dr. H. Wynne Thomas, the Honorary Medical Officer, was able to announce a highly satisfactory financial result, amounting to well over £200. The hearty co-operation and willing support of many kind friends had led to this very happy conclusion, which affords ground for hearty congratulation to all concerned, and especially to the Committee, Mrs. Wynne Thomas, Mr. John Churchill (the Chairman of the Hospital Committee), Mr. E. Ford Duncanson, Mr. W. R. G. Hay, and Mrs. Churchill, the Hon. Secretary.

THE HOSPITAL'S ADMIRABLE WORK.

At the recent annual gathering of subscribers to the Phillips' Memorial Homœopathic Hospital, there was abundant evidence of the very admirable work which is being done here,

Dr. H. Wynne Thomas said he thought before they separated they would like to know the result of the garden fête, but before announcing the result, he should like to take the opportunity, on behalf of the hospital authorities, of thanking all those who had been so good as to help them. They had been very much blessed in the weather, and they had had a most delightful afternoon, and he should like to express thanks to their very energetic secretary, Mrs. Churchill, who had been the originator and had carried the entertainment through so very successfully (applause). He was glad to be able to announce that they had cleared well over £200; in fact, he believed it was very nearly £250. "We thank you all for coming and supporting us so well," said Dr. Thomas in conclusion.

SYDNEY HOMŒOPATHIC HOSPITAL.*

REPORT OF THE BOARD OF MANAGEMENT.

To the Contributors:

Ladies and Gentlemen,

The Board of Management have the pleasure of presenting the Seventeenth Annual Report to the subscribers and friends of the Hospital, and in doing so are able to report a year of satisfactory work and usefulness.

* Through the kindness of Dr. J. F. Deck.

The twelve months now terminated being the last year of hostilities in the great war, the Board feels that it cannot better express the feeling of members at the victorious termination than by repeating here the resolution carried at a meeting of the members held shortly after the armistice was signed, which reads as follows :

" The Board of the Sydney Homœopathic Hospital desire to tender humble thanks to the Almighty Who has enabled the British Empire and its Allies to prevail in the great struggle for Justice and Liberty. The Board also desires to express its loyalty to our King, its deep gratitude to the Soldiers and Sailors of the Empire, its appreciation of the labours and wise guidance of the Statesmen of England and her Allies, its sympathy with those who have lost their dear ones, and its reverent admiration of those who have died that Right might prevail."

The following summary shows the work done :

IN-PATIENTS DEPARTMENT.

Remaining in Hospital, 1st January, 1917	12
Admitted during the year	244

Total number of patients treated ..	256
Average number resident daily	13.59

Of these, 221 were discharged cured, 12 relieved, and 10 died, and 13 remained in Hospital at 31st December, 1918.

OUT-PATIENT DEPARTMENT.

Number of separate cases	1189
Number of attendances	4035
Total cost of both Departments ..	£1020 0 2

IN-PATIENTS.

1912	201
1913	166
1914	163
1915	217
1916	183
1917	195
1918	257

OUT-PATIENTS.					Attendances.
1912	..	..	..	1,074	.. 2,786
1913	..	..	..	952	.. 3,795
1914	..	..	..	878	.. 3,172
1915	..	..	..	581	.. 1,916
1916	..	..	..	719	.. 2,322
1917	..	..	..	923	.. 2,598
1918	..	..	..	1,189	.. 4,035

The total number of individual cases treated since the foundation of the Hospital to 31st December, 1918, is as follows :

In-Patients	..	..	2,922
Out-Patients	..	..	15,691
Total	..	..	18,613

FINANCIAL.

The year under review commenced with a credit balance of £33 9s. 4d., and at the close showed a credit balance of £48 12s. 11d., as will be seen from the Receipts and Expenditure Account.

By referring to the Statement of Receipts and Expenditure, it will be observed that the Revenue is made up as under :

	£	s.	d.
Subscriptions	..	..	.. 163 5 6
Donations	..	..	.. 24 2 6
Government Subsidy	..	..	.. 299 19 10
In-patients' and Out-patients' Fees	..	..	.. 752 9 6
Hospital Saturday Fund	..	..	.. 125 0 0
	£1,364	17	4

For the previous year the Revenue was £1,302 8s. 11d.

The Expenditure is classified as under :

	£	s.	d.
Maintenance	..	..	.. 1,151 13 6
Administration	..	..	.. 120 16 2
Rates and Interest on Mortgage over Property	..	..	.. 77 3 1
	£1,349	12	9

For the previous year the expenditure was £1,218 10s.

It will be seen that the Revenue exceeded the Expenditure by an amount of £15 7s. 3d.

As is generally known the cost of foodstuff has again been very high, and the total expenditure on maintenance for the year just ended totalled £1,151 13s. 6d., as against £1,020 7s. 8d. for the previous year, and which is an increase of £131 5s. 10d., for it must be borne in mind that the number of In-patients admitted and treated increased from 195 during year 1917 to 257 during the year under review, although the daily number of patients this year was practically the same as previous year. The Board regard this as satisfactory on account of the difficult conditions existing, and the most scrupulous case has been exercised by the Matron in watching minutely the expenditure.

This year the Hospital did not receive any special grant from the Government, but the subscriptions decreased to the extent of £3 7s., and the donations by an amount of £170 15s. 11d.

The Hospital Saturday Contribution was £125, which the Board appreciate, and for which they thank the Hospital Saturday Board.

SUBSCRIPTIONS AND DONATIONS.

The Board regret having to urge upon Subscribers the necessity of renewing their subscriptions, as the Hospital is badly in need of funds, and practical sympathy is essential to enable the Institution to carry on its good work, for which it has greater scope since removing into more suitable premises.

With reference to the necessity for increased subscriptions, the Board desire specially to point to a most important feature of the Hospital, viz., that patients who are in a position to pay towards their expenses, do so, whilst those unable to pay are given free beds, all being treated alike in every respect.

The Board desire to record their appreciation of the following gifts during the year :

	£	s.	d.
Hospital Saturday Fund	125	0	0
Miss E. M. Friend ..	25	0	0
C. Ernest Young ..	25	0	0

GOVERNMENT SUBSIDY.

The Appropriation Act of 1917 allocated £300 to the Hospital, for which the Board desire to thank the Government.

LADIES' AID ASSOCIATION.

During the year an amount of £11 5s. was collected by the members of the Ladies' Aid Association, and the Board is greatly indebted to them for the excellent work in providing so many comforts for the Hospital, and again desire to express their appreciation of the services rendered by the Association, and hope for the continuance of their valuable support.

The Board's thanks are also due to many friends for the large number of useful gifts which have been received during the year. The report of the Ladies' Aid Association is attached hereto.

HOSPITAL PREMISES, GLEBE POINT ROAD.

There are twenty beds available at the Hospital, and the building is most suitable for hospital work and provides great comfort for both patients and staff.

The Hospital is subject to a mortgage of £1,250 to the Permanent Trustee Company, and the rate of interest has been again raised to 6½ per cent., making an annual expenditure of £75 for interest. If this could be reduced there would be a corresponding reduction in interest.

ANNUAL MEDICAL REPORT OF THE WORK DONE AT THE
SYDNEY HOMŒOPATHIC HOSPITAL FOR THE YEAR
ENDING 31ST DECEMBER, 1918.

To the Board of Management,

Sydney Homœopathic Hospital.

Gentlemen,—I have the honour to submit to you the following report of the work done at the Sydney Homœopathic Hospital during the past year.

In-Patients.—There were twelve patients remaining in the wards at the beginning of the year. During the year 244 patients have been admitted for treatment. Of this number 221 have been discharged cured, twelve were relieved, and ten have died. Of

the latter three were practically moribund on admission. The medical daily number in the wards has been 18.59. At the close of the year thirteen remained in the wards.

It has been found necessary to perform fifty major operations and eighty-two minor operations, needing the administration of anæsthetics.

Out-Patients.—The number of patients who have attended has been 1,189, the number of attendances being 4,035.

It will be noticed that the work has very much increased in both departments, especially in the matter of the attendances of Out-patients. The financial help received from both In-patients and Out-patients has been of great assistance in carrying on the work of the Institution.

I need not emphasise what is known to you already, how much we owe to the able management and wise supervision of Miss Rochester, our esteemed Matron. We owe much to her and to the Nurses under her charge. We have had, to our sorrow, to part with Miss Colvin, who, as Sister, had endeared herself to all. She left us to be married, and we wish her much future happiness.

I have the honour to remain,

Yours faithfully,

JOHN FEILD DECK, M.D.,

Hon. Medical Superintendent,

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE concluding meetings of the Session were held in July, at the London Homœopathic Hospital. In the absence of Dr. Byres Moir, owing to his illness, Dr. Wheeler took the chair. The first evening was devoted to a very interesting series of reports as to medical work in the Army from the Homœopathic standpoint by Dr. Borland, Dr. Fergie Woods, and Dr. F. J. Wheeler, and in the discussion Drs. Hall,

Smith, Cunningham and McAussland also gave their experiences.

On the second evening the Society received reports from its Council and Treasurer, and elected Dr. E. A. Neatby as President, and Dr. McLachlan and Dr. Wynne Thomas as Vice-Presidents. Special efforts are to be made to ensure a successful session for 1919—1920.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JUNE TO 15TH JULY, 1919.

GENERAL FUND.

<i>Subscriptions.</i>					£	s.	d.
Sir George Wyatt Truscott, Bt. . . . .	..	..	..	..	10	10	0
W. Lee Mathews, Esq. . . . .	..	..	..	..	1	1	0
Mrs. W. Lee Mathews . . . . .	..	..	..	..	1	1	0
E. H. Morton, Esq. . . . .	..	..	..	..	3	3	0
Mrs. E. H. Morton . . . . .	..	..	..	..	1	1	0
C. Marten, Esq. . . . .	..	..	..	..		10	6
Dr. J. Wingfield . . . . .	..	..	..	..	1	1	0
H. Manfield, Esq. . . . .	..	..	..	..	1	1	0
J. Howard, Esq. . . . .	..	..	..	..	1	1	0
Mrs. Kennedy . . . . .	..	..	..	..	1	1	0
Staff-Captain Macaulay . . . . .	..	..	..	..		10	6
Miss Noble Taylor . . . . .	..	..	..	..		10	6
Mrs. Gosling . . . . .	..	..	..	..	1	1	0
Mrs. F. Claughton Mathews . . . . .	..	..	..	..	1	1	0
Dr. C. E. Wheeler . . . . .	..	..	..	..	1	1	0
Miss Carrick . . . . .	..	..	..	..	1	1	0
J. Jones, Esq. . . . .	..	..	..	..	2	0	0
Dr. J. Roberson Day . . . . .	..	..	..	..	1	1	0
G. W. Budden, Esq. . . . .	..	..	..	..	1	1	0
Blake Howell, Esq.		10	6
Dr. Burford	3	3	0

Donation.

Dr. J. F. Deck (per Dr. C. E. Wheeler)	5	0	0
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The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 16th July, 1919, at 4.30 p.m.

CORRESPONDENCE.

"PRESCRIBERS"—OLD AND NEW.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—Lest any of your readers should think that the work you mention as the *Prescriber* in your editorial note is the work with the same title for which I am responsible, I should like to point out that it is a more or less wholesale imitation of the genuine article. The old original has been running in the public service for nearly thirty-five years now, and is, I am happy to say, still running strong. It is, no doubt, flattering to an author to have the title of his book adopted by the opposition, but if I had been present at the christening of the infant, I should have insisted on its having some distinctive appellation added. "New Prescriber," "Orthodox Prescriber," "Allopathic Prescriber," "Old School Prescriber" would have prevented any risk of mistaken identity.

Yours, etc.,

8, Bolton St., W.I.

JOHN H. CLARKE.

[We print Dr. Clarke's letter with pleasure though it has never occurred to us that such a mistake was possible.—ED. H.W.]

FOOD ANAPHYLAXIS.—Certain foods, as eggs, buckwheat (phagopgrismus), pork, oysters, clams, lobsters, cheese, strawberries, gooseberries, and even vegetables, may act as poisons when ingested by persons who are hypersensitive to them. The symptoms are quite varied and are not all understood, as the subject is still in the experimental stage and requires much investigation from both the laboratory and clinical sides. Asthma has been frequently associated with a condition of hypersensitiveness or allergy to certain foods by Goodale, Smith, Talbot, Schloss and others. Symptoms referable to the alimentary tract vary from a feeling of "indigestion" and "heartburn" to severe diarrhoea, vomiting and abdominal pain. Various skin diseases, and particularly chronic eczema, urticaria, and angio-neurotic edema, have been ascribed to food hypersensitiveness by Hazen, McBride and Shorer, White, Strickler and Goldberg and Blackfan. The withdrawal of certain food or foods from the diet of hypersensitive persons has resulted in an improvement or cure of an eczema.—DR. KOLMER.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Forster (Emily L. B.). *How to Become a Woman Doctor.* With a foreword by W. J. Fenton. 18mo, pp. 146, net 3s.

Hart (Bernard). *The Modern Treatment of Mental and Nervous Disorders.* A Lecture delivered at the University of Manchester on March 25th, 1918. Cr. 8vo, p. 28, boards, net 1s. ; 1s. 6d.

King (F. Truby). *Natural Feeding of Infants.* With an introduction by J. S. Fairbairn. Cr. 8vo swd., pp. 33, net 1s.

Lukis (the late Surgeon-General Sir Pardey and **Blackhaur** (Col. R. J.). *Tropical Hygiene.* 2nd impression of 3rd ed., revised and enlarged. Cr. 8vo, net 6s.

Rose and Carless's *Manual of Surgery for Students and Practitioners.* 9th ed. 8vo, pp. 1,408, net 25s.

Shera (A. Geoffrey). *Vaccines and Sera Their Clinical Value in Military and Civilian Practice.* With an introduction by Sir Clifford Allbutt. 18mo, pp. 247 net 7s. 6d.

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The complete essay must be delivered to the Secretary, Honyman-Gillespie Committee, at the London Homœopathic Hospital, Great Ormond Street, W.C.1, not later than **JUNE 30th, 1920.**

FULL PARTICULARS OF THE COMPETITION MAY BE OBTAINED FROM THE SECRETARY AS ABOVE.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Compston, Crawshawbooth.—Mr. E. Frost, Chelmsford—Mr. Dudley Wright, London—Dr. Burford, London—Dr. Powell, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med. Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.

The Homœopathic World.

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The International Homœopathic Council.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS :

Paper on Some of the Commoner Septic Foci: their Results, Pathology, Symptoms, Diagnosis and Treatment. By A. Henry Seelenmeyer, M.B., B.S. (Melb.), F.R.C.S.

Hospitals and Institutions: Bristol Homœopathic Hospital.

Society's Meetings: British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from May 16th to June 15th, 1919.
Eleventh Annual General Meeting.

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To Contributors and Correspondents.

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THE HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1919.

THE BRITISH HOMŒOPATHIC CONGRESS.

ON September 26th, at 10 a.m., the Congress for 1919 will be held at Connaught Rooms, near Kingsway, under the Presidency of Mr. Dudley D'A. Wright, F.R.C.S. Besides the presidential address there will be papers and a discussion on the Nature and Therapeutic Uses of Colloidal Substances, and a discussion on the "Status of Homœopathic Institutions Now, and in the Future." This is the first Congress since the war, and every homœopathist ought to make every effort to support it in person. The Congress is the annual rallying point of our forces, and according to its success so flourishes Homœopathy in the year that follows. It is also an occasion of fraternal greetings, and those who may be too busy to give the whole day, should at least support the President at the dinner that closes it.

Seldom, if ever, has it been more important that the men who believe in the homœopathic principle should collect all their forces and stand boldly and unitedly for their cause. The proposed new health legislation is in every way desirable from a national point of view, but we have to see to it that the special contribution which we can make to the future is not overlooked or despised—and to avoid that misfortune we must make plain the strength of our position. There has never been a time when the general medical world was better disposed to hear our case. The trend of discovery of

late years has been such as to make our beliefs not less but much more credible, to minds previously sceptical and uninterested. The very extravagances (as they were held by some, even of our own body) of the most advanced among ourselves, are proving curiously attractive to minds not hitherto drawn towards Homœopathy. A big and united effort now may change the face of our history as followers of Hahnemann. Every one of us desires this, every one of us will be helped by this ; then let every one of us realise that the immediate duty is to support the Congress on September 26th. Let it be a record among our Congresses !

THE THYMUS AND CALCIUM.—In his little work on the *Organs of Internal Secretion*, on page 206, Cobb, in speaking of the thymus, says :

"Extracts of this gland have been used in a variety of diseases, ranging from exophthalmic goitre to deficient development. Some observers speak well of its employment in simple as well as exophthalmic goitre, in chlorosis, in rickets, in delayed union of fractures, in rheumatoid arthritis, and in deficient growth. One fact stands out pre-eminently from the mass of supposition in relation to this gland and its functions, and that is that it undoubtedly plays an important part in the calcium metabolism of the body. It is generally admitted that this gland atrophies about puberty, save in exceptional cases ; in fact, there appears to be an antagonism existing between the thymus and the sexual organs. Several authorities also report the changes in the skeleton which have followed experimental thymectomy, and these consist in deprivation of the calcium of the bones, resulting in spontaneous fractures, osteomalacia, and other abnormalities. It would seem, therefore, that the thymus is concerned with the regulation of the lime salts in the body, and it is mainly upon this assumption that its extract has been administered to patients suffering from exophthalmic goitre. In this disease the calcium metabolism is defective, and many authorities maintain that the administration of calcium salts should form part of the treatment in every instance. Likewise, the prescribing of extract of thymus might help in this direction, for it evidently exerts a favorable influence in rickets, where the lime salts are deficient in quantity. It is usually prescribed in doses ranging from a few grains to half a drachm daily."

NEWS AND NOTES.

RECOGNITION FOR THE PLYMOUTH HOSPITAL.

OUR readers know that the Homœopathic Hospital at Plymouth has rendered fine service to the Royal Navy during the war. The following letter is very gratifying and speaks for itself :—

Medical Department of the Navy,
Admiralty,
28th May, 1919.

“To the Secretary, Plymouth Homœopathic Hospital,
“SIR,

“Owing to the rapid demobilisation now taking place in the Royal Navy, it will not now be necessary to reserve any accommodation in the Homœopathic Hospital, Plymouth.

“I desire, however, to take this opportunity of thanking the Medical, Surgical and Nursing Staff for the great skill and attention devoted to Naval ratings who have been under treatment in your hospital during the period of the war, which has been of the utmost assistance to the Naval Medical Authorities.

“I am, Sir,

“Your obedient servant,

“W. H. NORMAN,

“Director-General.”

NOTIFICATIONS.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address etc., and holiday arrangements.

DR. J. C. POWELL.

Dr. J. C. Powell is now practising at 22, *Welbeck Street, W.1.*
Tel.: Padd. 1018.

DR. E. L. ROWSE.

Dr. Rowse is now practising at 143, *Harley Street, W.1.* Tel.: 1484 Mayfair.

INDICATIONS FOR VERATRUM IN INFLUENZA.—Influenza accompanied by the symptoms of sporadic chorea, with few catarrhal symptoms, but great debility.—DR. JAHR.

ORIGINAL COMMUNICATIONS.

PAPER ON SOME OF THE COMMONER SEPTIC
FOCI; THEIR RESULTS, PATHOLOGY,
SYMPTOMS, DIAGNOSIS AND TREATMENT.By A. HENRY SEELENMEYER, M.B., B.S. (Melb.),
F.R.C.S., etc.*(Continued from page 287.)*

(2) *A case of chronic bone infection.*—I submit this as a likely but unproven case. There was a Brodie's abscess in the Os Calcis of a young man of twenty. Twelve years before he had received a severe injury to the foot. The X-ray showed a clearly-defined abscess, and also much foreshortening of the Os Calcis, due to the old crush. His tonsils were very septic; they were flat and very large, though there was but little tonsillar tissue visible on looking down his throat. They will be shown later.

He has gained 16 lbs. since discharge from hospital.

(3) *Clergyman, aged 55.*—Stiffness, pain and limitation of movement in left shoulder joint. Much pain in left arm and forearm (? muscular, ? neuritic). Four years ago fall on to the shoulder. One year ago fall on to the elbow. Never free of pain since latter. (This is interesting in view of the predisposing influence of trauma on metastatic infections, as also shown in the last case.) Twinges of pain in right knee and foot.

I omitted to examine the teeth. On his second visit of two months later, more joints were affected. Joints of the fingers were ridged, and there were nodosities present. His own doctor said "rheumatoid arthritis." I found very marked pyorrhœa, and his teeth were neglected. There was a literal running of pus. I advised a gradual extraction, and warned him against extraction of all the teeth at once. However, his own doctor and dentist thought otherwise, with the result that he was very ill indeed for ten days, giving them rather a fright. A little later he reported that much of the pain was gone, and that the shoulder movement was freer. Three months later he could get his arm behind his head, which was impossible before. Some

pain in right shoulder, and also in hips. Pain jumps about from joint to joint.

I found that the upper incisors had been left, and that there was much pus around them. I advised extraction of them also. He came to see me lately—some months after the extractions—and gladly demonstrated his ability to put his left hand behind his back and head, and to raise it almost to the normal height. In addition, he spoke of the improvement in his general condition already noted under symptomatology.

8. GOITRE.

Let me briefly summarise McCarrison's¹⁶ work on Endemic Goitre in India. He proved that endemic goitre is caused by micro-organisms present in the drinking water, and in the soil of goitrous districts; that boiling water prevents the occurrence of goitre; that these micro-organisms produce the goitre forming toxins in the alimentary canal; that goats fed on fæces of goitrous goats develop goitre; that human beings suffering from these goitres are relieved by the use of a vaccine prepared from cultures of the bacilli.

Anyone interested enough to go into the matter more deeply—with regard to exophthalmic goitre as well as endemic goitre, I would refer to a paper by Rupert Farrant in the *British Medical Journal* of July 18th, 1914.

Pern,¹⁷ of Melbourne, has lately published a series of cases of hyperthyroidism with goitre cured or ameliorated by the eradication of septic foci—dental, nasal and tonsillar. Of course we must not ignore the influence of strain and fright, but very often these go hand in hand with sepsis.

In using the word goitre, I mean "diffuse goitre," often at first simple, but as time goes on developing more and more the character of exophthalmic goitre. I exclude encapsulated adenomata of the thyroid gland.

Let me dogmatise, therefore, and say that there is a definite relationship between sepsis and goitre, and that in many cases operation on the goitre itself is

¹⁶ McCarrison—Practitioner, January, 1915.

¹⁷ Pern—Medical Journal of Australia—April 6th, 1918.

unnecessary. I think there are few things more satisfactory than a super-diagnosis of this kind, with resultant saving of the patient from a needless large operation, and the attainment of a cure through a minor surgical procedure followed by medical treatment. An operation on the gland may be necessary in the end in advanced cases, but it will be less severe and attended with infinitely less risk.

Bloodgood,¹⁸ writing in an American text-book published last year says: "Before subjecting cases of exophthalmic goitre to operation we are searching for some removable cause and attempting by methods of rest to reduce absolutely the mortality of the operation. . . . The improvement after the removal of infected tonsils, draining sinuses, and extracting teeth has been absolutely distinct. There was no difficulty in recognising the change."

Cases :

(1) Girl of 25, with typical exophthalmic goitre, apparently induced by a fright. No improvement with prolonged medical treatment and rest. Referred to Dr. Dunhill for an opinion. He found septic tonsils and advised their removal. This was done by the rhinologist with the result that she is very much better and gets about fairly actively, but so far as I know she is not absolutely right.

(2) Girl of 26. Advanced exophthalmic goitre. I saw her first in acute mania. Her apex beat was three to four fingers' breadths outside the nipple line. Her history was: six years ago an attack of influenza followed by nasal catarrh. Goitre noticed for four years, with gradually increasing symptoms of hyperthyroidism, till now examination shows such gross permanent damage to her organs as is evidenced by the state of the heart.

There was present an all too obvious pan-sinusitis with septic tonsils. If only the sinus suppuration had been efficiently treated some years ago, or even when the goitre developed, in what a different condition would she have been now.

¹⁸ Bloodgood—Musser & Kelly. Vol. IV.

(3) Girl of 20. Anæmia. Soft goître. Some signs of early hyperthyroidism. Bad teeth extracted. Later septic tonsils removed with general improvement and incidentally the disappearance of very foul breath.

I need not multiply instances. Where there is a diffuse goître, search for sepsis. Many other cases might be cited of goître cured by removal of the septic focus.

Anders says: "Evans, Middleton and Smith found an existing focus of toxin formation in the tonsillar crypts in 22.8 per cent., and nasal together with tonsillar lesions in 90 per cent. of 362 goitrous individuals."

9. CHOREA.

The relation of this to tonsillitis and rheumatism is too well known to need any further remarks.

10. APPENDICITIS.

Contrary to the belief that this results from infection by organisms in the lumen of the appendix, it is now beginning to be held that it is often, if not always, caused by metastasis of strepto-cocci from a focus in the head with bacterial embolism of a small terminal vessel in the appendical walls, and indeed sections have been cut which demonstrated this well. I have here a specimen which may possibly illustrate this. You will note the narrow ring of intense congestion—almost gangrene—probably along the course of a small vessel ringing the appendix. It was a second attack and apparently subsiding. When examining the patient last Thursday morning before operation I noticed her foul breath. On Friday I questioned her and elicited this typical history: Influenza two years ago and "it has never left her nose since." Bad smell ever since and she has "taken tons of salts" in order to sweeten the breath. Foul smelling phlegm always dropping back into her throat. In other words, she has a chronic sinusitis and it is more than likely that the appendix before you is an example of metastatic infection.

II CHOLECYSTITIS.

Charles Mayo¹⁹ says : " Great light has been thrown on the etiology of diseases of the Gall Bladder by the work of Rosenow, who shows that the attack is not frontal but from the unprotected rear ; that the bacteria are brought through the vascular stream to the capillary circulation of the wall of the gall bladder ; and that bacterial infections create stasis, infiltration and thickening of the mucous membrane and necrosis. He has shown that from acute and sub-acute inflammation of the gall bladder, cultures can be made *only occasionally* from the bile but *regularly* from the depths of the tissues. When injected into the blood stream of an animal, the bacteria will produce similar acute inflammations of the gall bladder in eighty per cent. of them."

Mayo is discussing the question of cholecystectomy as against cholestostomy and surgeons will at once see the application of this research to the question. Another point is that if this be so, acute cholecystitis may occur without gall-stones, and Mayo²⁰ estimates the proportion of such cases as three (without stones) to one (with stones).

I2 PYELITIS, ETC.

After referring to theories of hæmatogenous infection of kidneys, ureters, and bladder, Bransford Lewis (S.G. and O., June, 1917) quotes two illustrative cases :

One had repeated attacks of pyelitis, with ureteritis, chills, and temperature running to 104 degrees, and was several times cleared up under the influence of Hexamine therapy internally and lavages locally, administered through the ureteral catheter. But each time when the urine became perfectly clear and he was permitted to go out of the hospital, there would be a relapse, with the same sequences of chills, fever, and loading of the urine with pus and bacteria traceable to the kidney pelvis. Pyelitis was plainly demonstrable, acute and severe.

¹⁹ C. H. Mayo—S. G. & O. March, 1917.

²⁰ Mayo—S. G. & O., *loc. cit.*

While the patient insisted that he had no throat trouble and the rhinologist consulted was dubious about the presence of sufficient tonsillar disturbance to be of moment in the case, it was concluded that the patient should be given the benefit of the doubt and that the tonsils should come out. Both tonsils were removed, and the crypts were found filled with cheesy, purulent secretion. In one there was a well-defined pus pocket, or dilated crypt from which there had been no drainage. After this operation the urinary tract was permanently cleaned up and sterilised and there has been no recurrence of the infection in the ten months that have elapsed since.

In another patient (female) it has been found that each such attack is preceded by relighting of a nasal sinus inflammation that has been difficult of relief. And that with relief of the sinus involvement there is each time immediate and complete clearing of the urine and disappearance of certain irritating symptoms connected with the bladder.

In *Urol and Cut. Review*, 1916, Thomas says that all such infections, except those due to obstruction in the lower urinary tract, are hæmatogenous.

Having seen some of the results of focal infection let us turn to the question of the diagnosis of the commoner primary foci, viz.: *Sepsis in connection with the teeth, tonsillar sepsis, and sepsis of the nasal accessory sinuses*. It is well to know the effects of such infections, but such knowledge is of little use unless we know how to detect the infections themselves. I would lay particular stress upon the obtaining of *an accurate and detailed history in chronological order*. Most patients will tell you little of what you really want to know and the art of cross examination should not be possessed by barristers only. This applies particularly to tonsillar and nasal sepsis.

(1) *Dental Sepsis.*

We are all fully persuaded of the harmful results of dental sepsis, but we are sometimes apt to forget that the term includes more than gross pyorrhœa, or obvious caries. In these two conditions germs are

abundant (chiefly strepto-coccus viridans, streptococcus hæmolyticus, and endamœba buccalis), and drainage is free—into the intestine.

Billings²¹ says: “. . . the pathogenic micro-organisms in the intestinal canal, which remain there as infectious organisms, gain entrance chiefly by swallowing infectious material from the mouth, throat and nose, and also through infected food and drink, especially milk, for milk is very apt to contain streptococci which are virulent, or may become so.”

What other conditions have we to bear in mind? These, viz.: *Apical Abscess*, blind (i.e., closed) or with a sinus communicating with the mouth, and *Periapical infection—or Dental granuloma*. Of these, the first and third may often be diagnosed only by the aid of a skiagram.

On caries we need not dwell. Carious teeth should be dealt with by the dentist. It is only necessary to mention the practice of some who fit bridges or plates on top of carious stumps level with the gums and to condemn such work unequivocally. We must not forget the possibility of the co-existence of other more serious dental foci with caries.

(2) *Pyorrhœa*.

Pyorrhœa commences as a marginal gingivitis, which is caused by injury to the gums, which in turn is caused either mechanically, as by toothpicks, too hard tooth brushes and brushing—or by the fermentation of food lodging between teeth where the brush cannot reach it, or under the edges of crowns, or under bridge work. The lodging and fermentation of food produces maceration of the gum and renders it less able to resist bacterial attack. From this you will see one reason for suspecting all crown and bridge work. The other reason which makes crowns suspect is that they may conceal uneliminated suppuration in the tooth (at the apex). Here are two opinions by dentists bearing on this. In Vol. IV. of Musser & Kelly's treatment, published in 1917, the writers of an article on Chronic Peridental Suppurations say:

²¹ Billings, *loc. cit.*, p. 10.

(i.) "The papers of Hunter, of London, especially served to focus attention upon the chronic suppurative peridental lesions, the likelihood of their persistence under fixed mechanisms applied by dentists, and the dangers to which they subject the host. Appreciation of the need for thorough elimination of these and all analogous foci has within the past few years culminated in a feeling which, as far as the dental phase is concerned, has almost reversed the habit of thought and practice of the dental profession. The anxiety so common among dentists of even a few years ago to 'save' affected teeth, and fill their carious cavities, or after filling, to utilise them as anchorage for bridges is giving way rapidly in the mind of progressive dentists to the belief that no sacrifice is too great to absolutely destroy infections about the teeth, and that the greatest caution is to be observed lest in filling an exposed canal an untreated apical abscess be merely concealed, and lest in crowning and attaching bridges the same fault of uneliminated suppurations be covered in."

(3) *Apical Abscess.*

In a paper read before the Clinical Congress of Surgeons of North America at Boston, Rhein ²² says :
(ii.) "Forty years ago the dentists in the United States did very little tampering with the pulp of a tooth. It was the rule to practise extraction as soon as there was pulp involvement. During this period there was a remarkable advance in what may be termed the technical art of dentistry. Each step in this artistic and mechanical advance brought with it less respect, less fear, of the consequences of preserving in the jaws teeth of which the pulps were devitalised. The conscientious dentists felt that the acme of professional service had been reached when after the pulp had been removed the tooth remained in the jaw without giving any discomfort. Bacteriology twenty years ago had not revealed to us the presence of strepto-coccus viridans around the ends of the roots of teeth and the fact that it could be present without causing the

²² Rhein—Surgery, Gynæcology and Obstetrics, January, 1916.

slightest irritation." I may add that the streptococcus viridans is an occasional cause of acute endocarditis, and the usual cause of chronic malignant endocarditis. Apical abscess may be present without local symptoms.

If there is a fistula its opening can be seen. Patients are usually aware of a little "blister" or "bubble" the opening and closing mouth of the sinus.

If blind, there may be a little thickening or succulence of the tissues over the apex, or the abscess may come to light only when the tooth is opened up, or through an X-ray.

The toxæmia resulting from an apical abscess or from a dental granuloma is much greater than that from a pyorrhœal discharge. Hence the importance of bearing in mind these conditions in any case where a focus of sepsis is suspected.

(4) *Dental Granuloma.*

Dental granuloma is often mistaken in a skiagram for an enlarged apical space. Rhein²² points out that it occurs only where the tooth pulp is devitalised. It is generally diagnosed only by means of X-rays. There is no pus formation, but a condition of peri-apical inflammation.

In the *American Journal of Roentgenology*, Leach²³ states: "The path of infection leading to apical abscess, or to dental granuloma may be:

- (i.) By the pathological pulp or infected pulp canal;
- (ii.) Along the space provided for the peridental membrane and by the unhealthy membrane itself;
- (iii.) Directly by the bloodstream."

Skiagraphy is all important in the diagnosis of these chronic dental infections.

In dealing with the diagnosis it may be thought that I have trenched on the dentist's preserves, but we need to understand the pathology and means of diagnosis of these infections, in order to know when to

²³ F. D. Leach—*American Journal of Roentgenology*, October, 1917. (Quoted in *A.M.J.*, February, 9th, 1918).

refer cases to the dentist. One word more—choose the dentist to whom you send cases. See that he thoroughly understands the diagnosis, treatment and results of dental sepsis, for all dentists do not.

As an example of this I may mention the case of a young lady who consulted me because she was always tired in spite of long hours of sleep, and because she found that limitation of effort was present. She was more or less constantly in the hands of a dentist—with this result. Staring one in the face was a sinus from an upper canine or incisor. Dr. Shuttleworth found a crown with an attached bridge, under which food lodged and putrified. He was able to diagnose without a skiagram the presence of several blind abscesses. He found it necessary to extract many of her teeth (including the crown and bridge).

Treatment.

Prophylactic treatment will have been sufficiently indicated by what precedes, but I will add the opinions of two first-rate dentists of my acquaintance on the "crown question." The first says: "Crowns are all right if used when indicated and if properly fitted. The tooth should be tapered by grinding, and the crown driven on like a ferrule so that the more pressure that is exerted on it, the more tightly it fits and therefore food cannot get under the edges."

The second says: "Quite so. But I have never seen anyone who could perfectly fit a crown in this manner and I know that I cannot, and therefore I never use them."

(a) *Pyorrhœa*.—Many dentists use ionic medication for the milder degrees. At a recent discussion in Sydney²⁴ it was stated by dentists present that though often apparently cured by this means, yet the pyorrhœa always recurred.

If severe, extraction is indicated. A word of warning as to this. All the teeth in a case of severe pyorrhœa should not be extracted at once, as too much tissue is opened up and there is a universal implantation of bacteria on and into the raw surfaces with

²⁴ A.M.J., April, 1918.

consequent sudden increase of toxic absorption. The reaction may be alarming. One of my cases illustrates this well. In a weak patient septicæmia might result. The teeth should be extracted a few at a time.

(b) *Apical Abscess*.—Treatment consists in opening up the tooth, drainage and disinfection, with later refilling, if advisable. Otherwise extraction is necessary.

(c) *Dental Granuloma*.—Rhein²² states that if the pulp contents are absolutely removed, and any pathogenic tissue present eradicated, and if the canals are hermetically sealed in such a way that the sealing material is forced through the apical orifices, thus obliterating them, no infection will ensue. The filling and the subsequent result, must be checked by Roentgenology. This is a troublesome procedure, needing great skill, and extraction would probably generally be done.

Cases.

Rhein quotes a case of his own, who had to take to crutches soon after reaching the Continent on a trip owing to arthritis of the knees, and who had to use them for one and three quarter years. On her return to the United States she felt one day a little discomfort in one tooth and consulted Rhein. He opened up the tooth aseptically, found the pulp dead, and the pulp chamber filled with a reddish-brown fluid, which on culture showed strepto-coccus viridans in pure culture. He treated the tooth, and two weeks later the patient was able to discard her crutches. The initial infection was apparently caused by a jar to the tooth on the voyage across.

I know of a case at one of the Sydney hospitals, referred to a dental friend to see if he could find any cause for a general chronic arthritis. He discovered one blind abscess at the apex of a crowned tooth. The cure of this resulted in the disappearance of the arthritis. None of my own cases have been so sensational. Notes of three of them follow. I have already quoted one satisfactory case under arthritis.

(1) *Saw-miller, aged 60.*—Said he felt ten years older than he should. Had always been very strong and lived in the open air. Complained of digestive troubles. Woke about 3 a.m. daily with foul mouth, and had to wash it out. Sometimes pain in back. Headache and low-spirited at times. Complexion gets yellowish. Sometimes very tired mentally, and can't do any business then. There was bad pyorrhœa everywhere in the mouth. There were many crowned teeth and the least pressure on the gums caused a very free flow of thin pus from under the crowns. He came for an opinion and I never saw him again. I have no doubt as to the cause of most, if not all, of his troubles.

(2) Another case was that of the young lady with the sinus, and alveolar abscesses. It is fair to add that she also has very septic tonsils.

(3) A case who improved greatly after the enucleation of septic tonsils but still remained "tired," and could not get up to par. I examined her for accessory sinus trouble on several occasions but could find nothing. The obstacle to recovery consisted of several dental abscesses, together with slight pyorrhœa and marked decay of the lower incisors. I saw her lately and judge that she is now on the way to recovery.

(4) The case already quoted of arthritis in a clergyman due to gross pyorrhœa. In this case there was bacterial metastasis as well as toxœmia.

Billings says: "The focus of infection which undoubtedly causes the strepto-coccus viridans, bacteriemia and chronic malignant endocarditis is often alveolar abscess. Of this we have had numerous clinical examples."

Tonsillar Sepsis.

Let us get to bedrock at once. How are we to judge whether the tonsils are definitely septic or not? By taking the evidence on a number of points and weighing it up.

(1) *The History.*—Repeated attacks of quinsy indicates Tonsillectomy. A history of repeated attacks of tonsillitis is very important. Many patients will

deny this, and it is a case of "what's in a name," for they will admit to repeated sore throats, and will often localise the soreness in the tonsillar region.

A history of "rheumatism" also puts one on the *qui vive*. A history of a previous tonsillotomy—*i.e.*, the ordinary cutting guillotine operation in which part of the tonsil is left behind, does not include tonsillar sepsis. What the operation often does is to cause a scar on the tonsillar surface and seal over deep tonsil sepsis, thus limiting the drainage of the crypts and increasing the potentialities for mischief.

(2) *Size of Tonsil*.—It is commonly held that if the tonsil is small it is harmless. Never was a greater mistake. In the first place a study of the development of the tonsil shows that it is absolutely inconstant in shape and in the area occupied by it. It develops in three lobes²⁵. In most cases the two lower lobes develop most, they project outward and hide the superior lobe which can be found by looking deep into the supra-tonsillar fossa. Some tonsils consist mainly of a velar lobe, *i.e.*, a lobe extending deeply into the soft palate. In the throat there may be visible only what looks like a very thin layer of lymphoid tissue, and yet the tonsil may be quite large.

Secondly, even if the tonsil can be almost wholly seen, and it is small, it may be very badly infected indeed, and may be causing gross mischief.

Time will not permit of my going into this in detail. I must simply dogmatise and say that these are facts becoming more widely known every year. Can a small tonsil be harmless? Yes, it may be, but regard it with suspicion till proven innocent.

Can a large tonsil be innocent of sepsis? This is doubtful. A tonsil which remains large after the age of five is almost certainly the seat of chronic inflammation. Before that age enlargement is natural.

(3) *Appearance, other than that of size*.—Follicles showing pin point white plugs show infection. A ragged tonsil is usually an infected one. Actual pus points may be seen. Some tonsils are really purulent sponges.

²⁵ Loeb—Operative Surgery of Nose, Throat and Ear, 1917. Vol.I., p. 60.

A supra tonsillar fossa full of white débris indicates, in conjunction with other signs, removal.

(4) *The result of pressure on the tonsil.*—The finger is gently passed in and the tonsil pressed on at the bottom of the anterior pillar behind the last lower molar tooth. White débris, or pus, can often be made to exude from the crypts.

(5) *Enlargement of the tonsillar lymph glands.*—These are usually referred to as the glands behind the angle of the jaw. To describe the tonsillar gland more precisely, it is the Jugulo-digastric gland of Harold Stiles situated in the angle formed by the posterior belly of the digastric muscle and the jugular vein. It is the first lymph gland to receive the lymph from the tonsil. From it the path is to the deep cervical glands along the jugular.

I attach the greatest importance to enlargement of this gland in the diagnosis of an infected tonsil.

Usually there is one on each side, but not rarely there are found two or even three close together. After a proper enucleation of the tonsil the enlargement of these nodes disappears. With a total enucleation on one side and a partial removal on the other, there is usually persistence of the lymph gland enlargement on the side of incomplete removal. One occasionally, however, finds a tonsil which is undoubtedly septic and the removal of which greatly benefits the patient, without a palpable tonsillar lymph gland.

(6) In a doubtful case, where the local signs do not enable one to say definitely, the presence of the sense of exhaustion or the tired feeling, greatly helps, *provided that steps are taken to definitely exclude sepsis elsewhere.* I do not mean that if no other can be found the tonsil should be removed. It is sometimes quite easy to acquit the tonsil. But there are doubtful cases in which the presence of the general symptom helps.

Treatment of Septic Tonsils.

First attend to any carious teeth.

Then enucleate the tonsils.

The tonsils may be enucleated by a strong, blunt-bladed guillotine, such as Sluder's, or by dissection.

In both cases it is an operation of precision, and is to be done under direct vision. Lack of precision will result in the leaving behind of some tonsillar tissue, or in the injury of the anterior or posterior pillars or uvula. He who proposes to enucleate a tonsil must be a master of both methods, for some tonsils cannot possibly be removed by a guillotine. He who seeks to remove a tonsil by dissection must be a surgeon. He must be competent to deal with any complication that may arise. The real difficulties are realised only by those who have frequently done the operation.

Nevertheless a large proportion of tonsils can be enucleated by the Sluder guillotine, though this leaves behind the *pars lingualis*.

An authority (Loeb's *Operative Surgery*) states that expert operators using the guillotine method do not remove the tonsil with the capsule in more than eighty per cent. of cases.

Re Tonsil Operation in Children.

After the operation of tonsillotomy, the stump left may become infected in later years and cause much trouble. Why not therefore use the enucleating guillotine for all cases and thus rule out the possibility of infected stumps in after-life? There is, it is true, an increased risk of hæmorrhage, but with certain precautions this can be reduced to a minimum.

While on this subject may I remark that adenoids can be grossly infected as well as tonsils? They have been seen presenting pus points of infection.

Their removal is a precise operation.. It is done with a precise motion of the curette, and not with wild rooting round movements. If properly done, the adenoids should in the vast majority of cases come away in one piece.

The Sluder guillotine was demonstrated, and the principles and methods of its use discussed.

Reference was made to anæsthesia, after treatment, and to the danger of the operation.

Tonsillectomy by dissection was briefly referred to.

The following specimens were shown :

(1) Appendix (from case of acute appendicitis) showing a ring of acute congestion or early gangrene. Probably the infection was of metastatic origin.

Patient has a chronic sinusitis dating from influenza two years ago.

(2) Large tonsils enucleated with Sluder guillotine (Dr. Wishart's case). Note capsule.

(3) Large tonsils enucleated with O'Malley guillotine. Huge mass of adenoids in one piece.

(4) Tonsil enucleated with Sluder guillotine showing portion of capsule missing.

(5) Tonsils removed with Sluder guillotine. Note their flatness and intact capsule.

(6) Large tonsils removed in two attempts with Sluder guillotine. Note capsule on smaller portions which show well the amount left behind by an ordinary tonsillotomy.

Adenoids in one piece (Dr. Wishart's case).

(7) *Specimen showing size of Velar lobe.*—Velar lobe left in situ at primary operation with Sluder guillotine, and removed in three pieces (each the size of a small broad bean) some months afterwards with Sluder guillotine.

Looking down the throat there could be seen only an apparently thin layer of tonsillar tissue.

(From a case with tuberculous glands on the same side of the neck.)

(8) "*Buried Tonsils*"—Very large, flat tonsils removed by dissection. Note flatness, length (vertical), capsule and lingual portions.

There was a group of lymph glands behind each angle of the jaw. Very little tonsillar tissue visible in the throat.

(9) *Small, flat tonsils removed by dissection.*—Note the deep crypts running on to capsule. One tonsil consists practically of capsule covered with a thin layer of unhealthy tonsillar tissue.

(10) Flat tonsils removed by dissection from a case of Goître.

(11) Bean-like masses enucleated with Sluder guillotine.

Practically no tonsillar tissue visible in the throat before operation.

(From a case of hyperthyroidism which has improved since removal of tonsils.)

ILLUSTRATIVE CASES.

(1) *Boy of 18, always tired.* Tonsils showed nothing special in superficial examination. They were small and ragged. Tonsillar gland palpable on each side. Enucleation resulted in the loss of the tired feeling.

(2) *Boy of 12.* Always pale. Easily tired. Tonsils septic. Removal improved his condition greatly.

(3) *Girl of 16.* Moderate sized goître. Denied any tonsillar trouble, but on one occasion came for treatment of an incipient quinsey, and then gave a history of other similar attacks. The goître disappeared almost immediately after tonsillectomy. This occurs in case after case, the slackness of the skin of the neck being apparent before the patients leave their beds after operation. The cure is apparently permanent. All the goître cases were treated medically for some time before operation with but slight or with no success. After operation the patients felt well and vigorous.

(In all the tonsillectomy cases steps were taken to exclude dental and nasal sepsis, even though the tonsils were obviously septic.)

CHRONIC SUPPURATION OF THE NASAL ACCESSORY SINUSES.

More often overlooked than any other disease, I should imagine. Diagnosis is often very difficult, but so far as my experience goes, we have a sure diagnostic aid in X-rays.

History.—Perhaps a history of nasal obstruction with repeated colds. Finally one cold “never left” the patient. The nasal obstruction is almost invariably primarily due to a septal deformity. Or a history of nasal catarrh following an influenzal attack, with some discharge or dropping into the throat. Foul smell in the breath. Some of these cases have an absolutely typical odour and can be diagnosed a yard

away. Yet others with gross disease have no appreciable odour.

In advanced cases there is loss of the sense of smell on one or both sides.

The points to question a suspect case on are :

- (1) General symptoms, tired feeling, etc.
- (2) History of influenza, pneumonia.
- (3) Presence or absence of nasal obstruction, repeated colds, sneezing without colds, constant "catarrh," etc.

- (4) As to sense of smell,

- (5) As to any discharge, its site, character, taste, and odour, whether it stiffens the handkerchief.

- (6) As to headache, site, modalities, etc. Lack of efficient ventilation of sinuses *without* infection may produce intense pain.

Examine :

The throat for presence of pus or mucus in the pharynx and nasopharynx if we can. Most of us leave the latter to the rhinologist.

Nose for polypi, which are proof positive of infections. For mucus or muco pus in the middle meatus. If the septum be deviated, and one antrum infected, the infection, so I am informed, will be on the roomy side of the nose in something like ninety per cent. of the cases.

If muco pus is found apply the postural test. There may, however, be gross chronic sinusitis without any sign of discharge in the anterior nares.

Transillumination.—If you get a shadow it encourages you to proceed. If you get no shadow you can draw no conclusion from its absence. Transillumination may be brilliantly clear and yet there may be gross chronic sinusitis.

Antrum wash-out may be clear, yet the antrum may have a greatly thickened, polypoid, infected mucous membrane. The popular idea is that an infected antrum is full of pus. Operating upon such cases dispels the illusion. The operation consists of total removal of the infected mucous membrane, with provision for shorter drainage.

X-rays will always show an infected sinus. Their particular use is in diagnosis of frontal and maxillary sinus disease. A skiagram, moreover, will give an indication as to the number of sinuses affected.

Given a double antrum—one recent, the other old—the radiologist will tell you from the plate which is which, and I have proved him right.

It may be thought that I am needlessly trenching on the rhinologist's preserves but we cannot send every case to him. We must be able to select the cases which he needs to see and treat.

One or two cases will illustrate these points and drive them home.

(1) The cardiac case before quoted with polypi in both nostrils. He has a pan sinusitis with greatly thickened polypoid mucous membrane, yet a rhinologist said "there is no gross infection." Therefore I must make the remark, "choose your rhinologist." I have three cases, all of whom were under a certain rhinologist. This cardiac case was one. A girl with a chronic antrum on the roomy side of the nose was another. In the third case I am morally certain there is a chronic antrum infection—yet in none of these did this rhinologist diagnose the condition, mainly, I think, because of his lack of perception as to the independability of transillumination and wash outs, and also because he didn't realise that polypi are to an infected sinus as granulations are to a sinus on the surface of the body—both point to the mischief within.

(2) A girl of 23, complaining of the tired feeling. Complained of nasty phlegm dropping into the throat.

My examination showed :—Tonsils undoubtedly innocent of infection. Stream of mucous pus in pharynx coming from the sphenoid.

Anterior nares absolutely clear of mucus or pus. Septum well to the right.

Transillumination brilliant everywhere.

The rhinologist caught sight of one very tiny polypus under the middle turbinate on the roomy side. He

promptly punctured the antrum and got thick ropy pus. He also found transillumination brilliant. The infection dated from pneumonia in childhood.

The X-ray showed a shadow on that side.

(3) Female of 40, on whom I operated for tuberculous glands of the neck. The stench from her breath nearly overpowered both the anæsthetist and myself. It was vile. I was certain that she had sinus infection.

Later on an X-ray showed a shadow on the left antrum, and of the left ethmoidal and frontal sinuses. At a second operation (a block dissection of tuberculous glands on the other side of the neck), I washed out both antra and got a clear result. I ridiculed the radiologist's finding. The smell is still present, of course, and I now know that the X-ray showed the true state of affairs while the washouts did not.

(4) *Youth of 20.* Foul smell and ozoena. Wash out showed thick pus. X-ray showed recent infection of right antrum and old infection of left antrum. Operation confirmed. Thick polypoid mucous membrane on old side. Ozoena now gone on one side (the other antrum has not yet cleared up). His feeling of depression is gone.

(5) *Appendix Case.* Well up to two years ago, when had a bad attack of influenza with severe pains in the head—at back of eyes and in temples. Whereafter noticed a lot of discharge dropping back into the throat. Has noticed that her breath is foul and has taken "tons of salts" to try and sweeten it. Her sense of smell is good. Is always weary in the morning and at the end of the afternoon. Gets a good deal of headache, chiefly at back of the eyes. Thinks she generally breathes through nose at night. Never gets a sore throat.

Often catches a cold in the head. If gets wet feet catches a cold at once. This used not to be so before the influenza.

Examination disclosed a septum much deflected to the right. Polypi in both nostrils. Bad odour. Probably pan sinusitis.

With reference to the relationship between dental abscess and antral suppuration, it is now [held] [that more often the former *follows* the latter.

PATHOLOGY.

One objection raised to the theory of focal infection is that persons must develop an immunity to the bacteria they are harbouring. The fact remains that they lose the sense of well-being. In the second place a chill, a draught, unwonted exertion, lower their resistance and give the bacteria their opportunity to produce mischief elsewhere. I would remind you of Pasteur's classic experiment with the chickens.

As to the precise mode of action, take infective arthritis as an example. The germs are of low virulence, the reactive processes are slow. First there is embolism of bacteria in a tiny terminal vessel, then stasis, congestion, hæmorrhage and diapedesis with escape of the bacteria into the tissues. Then diminished circulation of the area supplied by the vessel, with lessened resistance. Finally in the fulness of time exfoliation of cartilage, lipping of bone, etc.

BACTERIOLOGY.

The results of Rosenow's²⁶ studies are exceedingly interesting. I will refer briefly to one point—that of elective tissue affinity. The result of culturing successive generations of streptococci in say, a gall bladder medium, is that they acquire an elective tissue affinity for the gall bladder, and if injected into the general circulation of an animal are likely to produce lesions in the gall bladder.

Bacteria taken from a case of acute cholecystitis and injected into the general bloodstream of an animal will most likely produce acute cholecystitis in that animal. But if these bacteria are cultured through successive generations on neutral media, they lose their affinity for the gall bladder. Here is a brief *résumé* of some of Rosenow's results:—

Fourteen strains of bacteria from acute appendicitis produced lesions in the appendix in 68 per cent. of 68 rabbits injected in contrast to only 5 per cent. of

²⁶ Rosenow—quoted by Billings—*loc. cit.*

appendical lesions in animals injected with strains from sources other than appendicitis.

Eighteen strains from gastric or duodenal ulcers produced hæmorrhages in 60 per cent., and ulcer of stomach or duodenum in 60 per cent.

Twelve strains from cholecystitis produced lesions in the gall bladder in 80 per cent. of 41 animals infected.

And so on in rheumatic fever (producing joint lesions), erythema nodosum (producing skin lesions), herpes zooster (producing herpetiform skin lesions), parotitis (producing parotid gland lesions), myositis (producing myositis and endocarditis).

In many cases of both acute and chronic diseases the apparent atrium of infection was found to harbour streptococci having elective affinity, such elective affinity being, however, less marked in the strains isolated from the supposed focus than from the strain isolated from lesions in the various organs.

Since different bacteria may acquire simultaneous affinity for the same tissue, diseases which resemble each other more or less closely, such as the different forms of arthritis, may be due to bacteria of different species each having an elective affinity for the particular structures involved.

CONCLUSION.

I have tried to show you what we may prevent and begin to cure by removal of the primary focus of infection. I trust that I have not wearied you in what really concerns the subject of "super-diagnosis," the diagnosis of the origin of the disease. You will see now why I quoted McKenzie's remark as to the nomenclature of diseases, and why he instanced two such names (though in a slightly different sense) as angina pectoris and neurasthenia.

Furthermore, I trust that I have emphasised the need for the elucidation of the "totality of the symptoms," *i.e.*, an exact diagnosis, before the prescription of a medicinal remedy.

It will be noted that only some of the commoner foci of infection have been dealt with.

There are many others such as those present in the Fallopian tubes, prostate gland, seminal vesicles, etc., in diverticulitis (of sigmoid), in appendix, gall bladder, etc., etc.

Finally, one feels that these facts are not widely known in the profession, or if widely known are not acted upon. I firmly believe that, if all medical men were fully seized of, for example, the relationship between focal sepsis and chronic arthritis, we should in the course of some years see no more advanced cases of so called reumatoid arthritis. In the early stages these cases are too often called rheumatism, or synovitis, or what not, with the result that infection of joint capsule and synovial membrane is succeeded by infection of cartilage and bone with the results we know so well.

In the early and intermediate stages these cases can be cured by the finding and eradication of the septic focus, and then by steady treatment on the lines indicated in the paper under arthritis, in which treatment vaccines made from the septic focus play a useful part.

As another example take the many cases diagnosed as heart disease, when in reality the symptoms are due to poisoning of an otherwise healthy heart by the toxins from some focus of sepsis.

CHILDREN'S HOMŒOPATHIC DISPENSARY, SHEPHERD'S BUSH.

BY DR. ROBERSON DAY.

CHILDREN have only gradually come into their own, but to-day they occupy the first place in our thoughts for reconstructing the future. The carelessness and indifference shown in the past to infants and children was not confined to the general public, but even doctors seemed to think the little folk beneath their consideration. Who ever troubled about the question of feeding a baby! This was the mother's province! or the question was summarily dismissed by handing the baby over to Mrs. Gamp!

All this is now changed. It was soon found that the *General* Hospital was no place for the special study of children's diseases; no general hospital has ever done anything to forward the study of Pediatrics. Hence the pioneer of this important branch of medical education was founded—The Hospital for Sick Children in Great Ormond Street.

Hitherto children were considered to be miniature editions of adults, and their diseases to present similar symptoms and to require the same kind of treatment. It was soon found that this was not so. The descriptions of acute rheumatism in the adult were found to be quite erroneous when applied to the child, where the disease assumed a different character and was far more subtle. Furthermore, new diseases were discovered, which had hitherto been overlooked, such as infantile scurvy.

The feeding of infants was now placed on a scientific basis, and no longer left to haphazard guess-work of the nursery and "Prescription of feeding" was employed in America, where Children's Hospitals are so generally recognised as an essential in every large city.

It is difficult to appreciate how much we owe to these special institutions, which are now considered necessary places for medical education, and a knowledge of pediatrics is required of all students, by the Examining Boards.

With the introduction of Homœopathy into England, came a revolution in the treatment of children. The nauseous drugs of the old school were replaced by the globules and pilules of Homœopathy. These proved so effectual that most persons admitted, at any rate, Homœopathy was good for children and it was generally used in the nursery, although adults might require "stronger doses"! Perhaps this may be the reason why no special attention has been paid to children by homœopaths in this country. The London Homœopathic Hospital has been founded seventy years, and yet it continues the only hospital in the metropolis where Homœopathy is employed. During these seventy years, the population of Greater London has so increased that it now embraces 7,000,000

people, and the dominant school of medicine has founded nearly twenty special children's hospitals, which are very popular and well supported. In these institutions, eager workers are saving the lives of the children. It makes one sad to think how much better work could be done if Homœopathy was known and used in them. In pneumonia—that terribly fatal disease in young children, the results are twice as good under homœopathic treatment—that is to say the mortality is halved. (Vide pamphlet published by the British Homœopathic Association.)

It is not suprising, that faced with these obvious facts the time was considered ripe for an extension of the benefits of Homœopathy to children.

On Alexandra Day, 1913, Sir Robert and Lady Perks, who have always been keenly interested in Homœopathy, kindly invited a number of influential friends to their house to consider the whole question. A scheme was then drawn up, and a Committee formed, and subscriptions poured in which amply justified launching the undertaking. A suitable site had to be found, and it was not before the following year that the Children's Homœopathic Dispensary was opened, February 2nd, 1914. How little did anyone think this would be the most eventful year in history! The Great War. The Dispensary was now just established when it was faced with this unexpected trial, many old institutions have suffered severely, but could this new effort go on? Would it have to close down? One member of the Medical Staff was presently called up for active service—another, most unfortunately, died suddenly, and our first chairman also died—which added still more to the misfortunes. The Committee, however, were strong and full of hope for the future. A new chairman was elected, who, by his energy and interest largely helped to keep things going during these strenuous times. Three doctors, veterans in Homœopathy, offered their services and thus helped to carry on, thereby taking the place of the younger men who were called up and unable to serve. Surely a noble example to be followed, now that peace has come at last.

In this way the heavy spade work was done, while encouragement came from the steady flow of children from near and far ; many or most of them had fathers at the front, some of whom will never return. Thus a patriotic work has been done already in caring for the children of our brave men.

It was hoped, when the war was over, easier times would come, but these hopes have not yet been realised. The present difficulty consists in providing a medical staff sufficiently adequate to deal with the patients. It has been abundantly proved that when regular medical attendance has been given, the Clinics are largely and increasingly attended, but on the other hand where changes have necessarily occurred, owing to the exigencies of the times, there the children have fallen off. At the time of writing there is no one in attendance on Mondays, and consequently only stray new cases come which have to be referred to other days—a proceeding likely to prove very detrimental to the work. The object of this paper is to make known, as widely as possible, exactly what is the position of affairs.

Here we have a well-equipped Dispensary, an enthusiastic General Committee, a Treasurer who never permits an adverse balance, a goodly list of subscribers, in fact, everything in good working order—and lastly we have the little patients, the children for whom the whole effort has been made, coming in increasing numbers and uniformly appreciative of the benefits obtained.

Is it not strange that during the terrible years of the war the doors were never closed, and yet now unless we have additions to the medical staff, this must happen. Here is an opportunity for our younger men, desiring to become more familiar with this all important branch of medicine. Here is the work already prepared, the heavy work has been done, and they have only to enter in and possess the land—surely a land of great promise. !

It seems unthinkable that this will not happen. It may be that the importance of child life is not yet fully realised—if only the same study and care which

is given to saving the lives of adults could be given to children, what results we should see !

An enthusiastic Medical Officer of Health, was so impressed with the neglect of the children in his district and the consequent appalling mortality, that he set himself to work to improve matters, and by the aid of Health Visitors and simple preventive measures was able, during the years of the war to *halve* the mortality (vide "1914-1919—How our Infant Mortality was Halved" by Graeme Halkerston. John Bale & Sons, 6d.)

If this fine result was possible by these means alone, how much more could be done if our scientific medical treatment was employed as well ! Probably the result would be not to halve but to quarter the mortality.

The readers of the HOMŒOPATHIC WORLD are amongst those who have experienced the benefits of Homœopathy ; they have a knowledge and conviction of a more excellent way of treatment. With knowledge comes responsibility, can we deny our children—the children of our great city, the benefits of Homœopathy ? Is British Homœopathy so satisfied and contented with its position and progress, that it can leave matters as they are ? The solitary General Homœopathic Hospital in London, after seventy years experience of Homœopathy ! Is there never to be an extension of the work ? It is time we had a forward movement. Stationary we cannot remain, and if not progress there is only one other alternative.

BRITISH HOMŒOPATHIC CONGRESS, 1919.

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Council : The President ; the Vice-President ; the Retiring President ; the Hon. Secretary and Treasurer ; the Hon. Local Secretary ; N. Grace, M.D. ; G. F. Goldsbrough, M.D. ; W. Ross, L.R.C.P., L.M. ; J. Hervey Bodman, M.D. ; E. A. Neatby, M.D.

35, Queen Anne Street,
Cavendish Square, W.1.

Dear Colleague, *August, 1919.*

The Annual Congress will be held this year in London, at the Connaught Rooms, Great Queen Street, W.C., on September 25th-26th.

The Presidential Address will be delivered on Friday, September 26th, at 10 o'clock a.m., punctually, by Dudley D'Auvergne Wright, F.R.C.S., Senior Surgeon to the London Homœopathic Hospital.

Any visitors, ladies as well as gentlemen, who may desire to hear the President's Address, will be welcome.

The Council, having approved the Minutes of the last Congress, recommend them for confirmation by the Congress.

After a brief interval, the Members of Congress will re-assemble, and a Paper will be read by C. E. Wheeler, M.D., B.Sc., Physician to the London Homœopathic Hospital, entitled: "The Range and Quality of Action of the Therapeutic Colloids."

This will be followed by a contribution by S. Judd Lewis, D.Sc., on "Some of the Physical Properties of Colloid Solutions of Metals." This paper will be illustrated by Instrumental Demonstrations of the various Metallic Colloids, by H. F. Angus & Co., the well-known Scientific Instrument Makers.

The Discussion on the Papers will follow.

The Congress will adjourn at 1 o'clock for Luncheon to the Crown Room, and the Homœopathic Physicians of London and Greater London have intimated their desire to be the Hosts of Congress on this occasion.

Immediately on the conclusion of Luncheon the Congress will take up official business, consisting mainly in arrangements for the meeting of Congress in the ensuing year.

AFTERNOON MEETINGS.

The Inauguration of a new era in this country in the relationship of the State to medicine, has been effected in the current year by the establishment of a Ministry of Health; and the Council, recognising the necessity of safeguarding the freedom of action of Homœopathic

Voluntary Hospitals and other Homœopathic Institutions, has arranged for a Conference on this all-important subject to be held in the afternoon.

At 2.30 o'clock an Introductory Paper will be read by Dr. George Burford, on : " Homœopathic Voluntary Hospitals and the State."

On the invitation of the Council, H. G. Purchase, Esq., LL.B., M.P., has kindly consented to address Congress on : " A Notable Advance in Health Administration."

The ensuing Paper will be by Dr. Edwin Neatby, of London (President of the British Homœopathic Society), on : " The Vital Importance of a Federation of Homœopathic Hospitals in this Country."

The Discussion will be opened by W. Lee Mathews, Esq. (Chairman of the British Homœopathic Association), who will speak on the necessity of a forward movement in Homœopathy and how to energise it at this juncture.

To ensure that the Conference is adequately representative, the following gentlemen will (*inter alia*) continue the debate : E. A. Attwood, Esq., F.C.I.S. (Secretary of the London Homœopathic Hospital), Dr. Frederick Neild, (Consulting Physician to the Tunbridge Wells Homœopathic Hospital), Dr. W. Cash Reed (Gynæcological Physician to the Liverpool Hahnemann Hospital), Dr. Percy Wilde, (Physician to the Landsdown Hospital, Bath), Dr. H. Wynne Thomas (Visiting Physician to the Phillips Memorial Hospital, Bromley) and other gentlemen.

The Congress will close its Session at 5 o'clock, and will adjourn for tea to the Board Room of the London Homœopathic Hospital, at the kind invitation of the Board of Management.

Thereafter Dr. Batch, the Pathologist and Bacteriologist to the Hospital, will give a Laboratory-Demonstration in the Laboratory and Lecture Room of the Hospital, on : " Some New and Useful Developments in Bacteriology and Pathological Work."

At 7.30 for 8 o'clock p.m., the Members of Congress, with their friends—ladies as well as gentlemen—will dine in the Crown Room at the Connaught Rooms.

Members of Congress are requested to register their names in the Secretary's Office in the Edinburgh Room immediately on arrival.

The subscription to the Congress is one guinea, including Dinner (but exclusive of wine). A Dinner ticket alone, for guests only, is ten shillings. Members of Congress will kindly understand that those who are present at part of the proceedings only are liable for the full subscription.

Subscriptions may be transmitted to the Treasurer at any time prior to the meeting of Congress, or may be paid at the time to the Clerk.

Should you know of any colleague who has not received this circular, I shall be very glad if you will apprise me.

The enclosed post-card should be filled up and returned to me as early as possible, so as to allow of suitable arrangements being made. Any member of Congress who desires to arrange for hotel accommodation will please communicate with the Hon. Local Secretary, Dr. J. C. Powell, at 22, Welbeck Street, Cavendish Square, London, W.1.

I am,

Yours very faithfully,

GEORGE BURFORD,

Hon. Secretary and Treasurer.

PROGRAMME OF MEETING AND PROCEDURE.

TUHRSDAY, SEPTEMBER 25TH.

GOLF COMPETITION.—It is intended to hold a Medal Round on the Sundridge Park Course on Thursday afternoon, September 25th. Those intending to enter should send their names to Dr. Wynne Thomas, Bromley, Kent, not later than September 1st.

7 O'CLOCK—Dining hour available for private hospitality. (Organon Lodge Dinner.)

8.30 O'CLOCK.—Reception by the President and Mrs. Dudley Wright, at the Connaught Rooms, Kingsway, W.C. Carriages for 10.30 o'clock.

FRIDAY, SEPTEMBER 26TH.

- 10 O'CLOCK.—The Presidential Address.
11 O'CLOCK.—Papers by Dr. C. E. Wheeler and
Dr. S. Judd Lewis. Discussion.
1 O'CLOCK.—Adjournment to Luncheon.
2 O'CLOCK.—Business Meeting.
2.30 O'CLOCK.—Resumption of Congress Session.
Paper by Dr. Burford Address by H. G.
Purchase, Esq., M.P., and by Dr. Neatby.
Discussion opened by W. Lee Mathews, Esq.
5 O'CLOCK.—Tea at the London Homœopathic
Hospital.
5.30 O'CLOCK.—Laboratory Demonstration by Dr.
Batch.
7 FOR 7.30 O'CLOCK.—Dinner at the Connaught
Rooms.

HOSPITALS AND INSTITUTIONS.

DEVON AND CORNWALL HOSPITAL.

THE Annual Report from Plymouth is of more than usual interest. The war-work is over and most successful it has been (as will be seen by a note elsewhere in this issue), but it has made the year a very busy one. Of 358 patients treated, 300 have been cured and fifteen relieved, while twenty-five remain at the time of writing. There have been only sixteen deaths, although many cases have been most serious, and for this admirable record Dr. Wilmot, Dr. Travers-Stubbs and Dr. Francis are greatly to be congratulated.

As remarkable is the financial statement, reflecting the greatest credit on those responsible, notably the treasurer, Mr. W. Lewis. Although the subscription list only reached some £347—yet by special exertions and help from Alexandra and Hospital Sunday Funds, etc., a total of over £1,650 was raised in the year. There was a deficit of £101, even then, but as the year started with one of £96, it will be seen that the year has been all but a solvent one, and that in these times is a real achievement. The Working Men's Committee

raised over £112, a sign of how the hospital is valued. We do not know if the Hospital authorities ever give any exposition of homœopathic principles to their supporters, but we suggest that the field seems a promising one for such work. Besides this annual financial success, the debt on the Extension has been diminished by close on £700. There remains nearly another £1,000 however. The Committee are boldly attempting to clear this off in another year. Surely many of our readers would like to help those men who have shown so clearly that they can help themselves.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JULY TO 15TH AUGUST.

GENERAL FUND.

<i>Subscriptions.</i>						£	s.	d.
Mrs. Thirlby	..	..	..	..	..	1	1	0
Dr. Neatby	..	..	..	..	..	1	1	0
E. Shorrock Eccles, Esq.	..	..	..	..	..	1	10	0
Dr. J. H. Bodman	..	..	..	..	..	1	1	0
Dr. F. H. Bodman	..	..	..	..	..	1	1	0
Miss Millett	..	..	..	..	..		5	0
Dr. C. Foley	..	..	..	..	..	1	1	0
Dr. H. Henderson Patrick	..	..	..	..	..	1	1	0
Mrs. C. Bouwens	..	..	..	..	..	2	0	0
Dr. D. Ridpath	..	..	..	..	..	1	1	0
Lady Wheeler (1918 and 1919)	..	..	..	..	..	2	2	0
Miss E. D. Gibb	..	..	..	..	..		5	0
Miss E. H. Burney	..	..	..	..	..	1	1	0
Dr. Eugene Cronin	..	..	..	..	..	1	1	0

SUBSCRIPTIONS AND DONATIONS RECEIVED TO DATE IN RESPONSE TO SPECIAL APPEAL.

<i>Subscriptions.</i>			<i>Donations.</i>			<i>Total.</i>		
£	s.	d.	£	s.	d.	£	s.	d.
Mrs. Machell Smith	1	1	0	1	1	0
E. J. McManus, Esq.	..	1 1 0				1	1	0
E. R. Hoskinson, Esq.	..	1 1 0				1	1	0
Dr. A. Cosgrave George	..			5	0		5	0
Dr. F. W. Hayes	..	1 1 0				1	1	0
E. J. Frost, Esq.	..			1	0		1	0
Messrs. James Smith & Son	..			2	2 0		2	2 0

	Subscriptions.			Donations.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
Dr. A. Pullar				2	2	0	2	2	0
Per Dr. H. J. W. Barlee ..				64	7	0	64	7	0
Tunbridge Wells Homœopathic Hospital Committee ..	3	3	0				3	3	0
Mrs. E. A. White				1	1	0	1	1	0
Per Dr. G. F. Goldsbrough ..	2	2	0				2	2	0
E. Barnett, Esq				1	1	0	1	1	0
Miss A. P. Fowler				2	0	0	2	0	0
The Misses Mounsey (per Dr. Ridpath)				5	0	0	5	0	0
Lady Durning Lawrence ..	5	0	0				5	0	0
Miss E. H. Burney				1	1	0	1	1	0
Miss Mould					2	6		2	6
Per Dr. H. J. W. Barlee ..				17	11	0	17	11	0
Henry Edmonds, Esq. (per Dr. Barlee)	2	2	0				2	2	0
Miss M. Thomson				1	1	0	1	1	0
E. H. Fosbery, Esq				1	1	0	1	1	0
Dr. Neatby	1	1	0				1	1	0
Total to 15th August, 1919	16	11	0	99	16	6	116	7	6

The date of the next Executive Committee Meeting is Wednesday, 17th September, at 4.30 p.m., at Chalmers House.

THE DISADVANTAGE OF BEING HEALTHY.—Recently in our correspondence columns Dr. D. M. MacRae, of Bloemfontein, recorded his observation that in Cape Town, during the recent epidemic of influenza, patients with a previous history of chronic catarrhal conditions of the lungs bore the disease well. This disadvantage of being healthy has received a certain amount of support from other scattered observations, similar to those recorded in a letter this week by Dr. W. H. Dickinson, tuberculosis medical officer at Newcastle-upon-Tyne. In one London chest hospital the first influenza wave left almost all the occupants of beds unscathed, and although during the autumnal wave a number of rapidly fatal cases occurred, they were mostly admitted with pneumonia already developed. In a thesis on the Clinical Significance of Opsonins, circulated in 1907, E. C. Morland noted that six tuberculous patients with slight influenzal infection suffered no diminution of opsonic power while their (healthy) medical attendant had a severe attack which brought down his index to the low value of 0.68.

The *Boston Medical and Surgical Journal* of January 16th contains a remarkable paper by Dr. D. B. Armstrong dealing with the same point. He refers to the fact, so vividly impressed upon us during the last few months, that influenza attacks with special

virulence and causes a high mortality among those in the prime of life, in the best physical condition, and most free from previous disease. This difference between the strong and the weak, Dr. Armstrong adds, appears to be due, not to the fact that the former are predisposed to influenza, but that the latter are in some way protected against it. In Framingham, Mass., the organisation of the "Community Health and Tuberculosis Demonstration" furnishes reliable statistics on the point. In the recent first epidemic of influenza about 16 per cent. of the entire population were attacked, while only four per cent. of the tuberculous portion were. Moreover, most of the tuberculous persons had the disease in an arrested form, and were going about and working, and therefore were as much exposed to infection as the remaining part of the population. Indeed, in the arrested cases the incidence was only 2 per cent. Figures from other communities presented at Chicago bear out the Framingham experience. The fatality rate showed the same contrast as the incidence rate; other observations were also in agreement. It is stated that in Washington and St. Louis, where there are large negro populations, influenza, fatal and otherwise, was relatively much less prevalent among the negroes than the whites. The high rate of tuberculosis among negroes is well known. American army medical officers have frequently said that in the camps the northern boy lived while the southern boy died; the city boy lived while the country boy died. Was this due to the fact that the one was more frequently tuberculised than the other? It has been stated that this greater susceptibility of the healthy is true for all types of acute infection. Thus in typhoid epidemics it has been observed that the big strong, healthy individual falls the readiest victim to fatal disease. But may not this be due to the fact that typhoid infection lowers the resistance to acute respiratory disease and that it is to this complication, as in the case of influenza, the healthy individual succumbs? Thus the suggestion is that a kind of vaccination against acute respiratory disease results from chronic respiratory disease. This form of immunity may, as indicated above, have a relation to race. Framingham statistics showed that the incidence of tuberculosis for the whole population was 2.2 per cent., but for the Italian part only 0.5, while for those of Irish stock it was 4.9 per cent. In the influenza epidemic on the other hand, there was four times as much influenza and pneumonia among the Italians as among the rest of the community, made up in large part of Irish and Irish-American stock. Should subsequent investigation prove that chronic respiratory disease, particularly tuberculosis, regardless of the race factor, in a measure protects against acute and respiratory disease, what is the practical bearing? The disadvantages of chronic disease certainly outweigh any advantages conferred by protection against acute disease. Dr. Armstrong's view is that the solution should be found, as in the case of small pox, in some form of artificial immunisation. Anti-influenzal vaccination thus has its supporters in many lands.—*Lancet*.

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HOURS OF ATTENDANCE :—Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays, 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and (Out Patients) Saturday mornings ; and Wednesday, Thursday, and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m. ; Physical Exercise Department, every day except Saturday at 9 a.m.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Allen (R. W.) *Practical Vaccine Treatment*. For the General Practitioner. Cr. 8vo., net 7s. 6d.

Browning (C. H.) and **Watson** (David). *Veneral Diseases. A Practical Handbook for Students*. Cr. 8vo., net 16s.

Byam (Major W.), **Carroll** (Capt. J. H.), and **others**. *Trench Fever. A Louse-Borne Disease*. With an introduction by Lieut.-Gen. Sir T. H. Goodwin. A foreword by Major-Gen. Sir David Bruce and a summary report of the American Trench Fever Commission by Lieut. R. H. Vercoe. 8vo, pp. 212, net 10s. 6d.

Colyer (J. F.) *Dental Surgery and Pathology*. 4th edition. 8vo, pp. 913, net 32s.

Fuchs (Hofrat Ernst) and **Duane** (Alexander). *Text-Book of Ophthalmology*. 6th edition, royal 8vo, pp. 1,092, net 30s.

Harman (Bishop N.) *Aids to Ophthalmology*. 6th edition, 18mo., pp. 226, net 3s. 6d.

Hurry (J. B.) *Vicious Circles in Disease*. 3rd enlarged edition, cr. 8vo, pp. 397, net 15s.

Hurat (Arthur F.) *Constipation and Allied Intestinal Disorders*. 2nd edition, 8vo, pp. 460, net 16s.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, *Harley Street, W.1.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Compston, Crawshawbooth.—Mr. E. Frost, Chelmsford—Mr. Dudley Wright, London—Dr. Burford, London—Dr. Powell, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—*Fran Homœopatiens Värld.*—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.

The Homœopathic World.

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The British Homœopathic Association : What it is and what it might be.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS :

Paper on Some of the Commoner Septic Foci: their Results, Pathology, Symptoms, Diagnosis and Treatment. By A. Henry Seelenmeyer. M.B., B.S. (Melb.), F.R.C.S.

Report of the Annual Meeting of the Missionary School of Medicine.

HOSPITALS AND INSTITUTIONS : Garden Fete at Bromley House.

Sydney Homœopathic Hospital.

SOCIETY'S MEETINGS : British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED) :

Receipts from June 16th to July 15th, 1919.

Correspondence.

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents.

Sept. 1, 1919.]

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THE HOMŒOPATHIC WORLD.

OCTOBER 1, 1919.

THE COMING SESSION.

WITH October comes the Presidential Address to the British Homœopathic Society, and thereafter the work of the Session. This year we are to have Monthly Meetings and an enlarged Journal, and with our younger colleagues safely returned to us we can hope for excellent and abundant work. But it is not enough to have good papers. We need also good attendances, and good discussions. It is the strength of Homœopathy that its experiences are nearly all clinical. Whereby it comes about that on any point of homœopathic interest, every physician can have contributions of value to make. The practitioner is often too busy to record his results in papers, but he should never be too busy to attend and give his results by word of mouth to his colleagues. The strain of war work will be lifted and we can accept no excuses now for absence. We want large meetings, and those who from distance and expense of travel cannot come often must make it their duty to let our active and encouraging secretary have a written word that he can read to those more fortunate who can attend.

There is some thought, which will, we hope, find fruit in action, of treating at every meeting some aspect of our beliefs. This will be an admirable plan, for it is good for us all to reconsider our faith in the

light of the most recent knowledge, and if there chance to be enquirers at our meetings it is well that they should have at least something distinctively homœopathic to consider.

Above all we must concentrate on essentials. There is room for plenty of difference of opinion as to details of method, but we must not let convictions as to method prevent us from recognising unity of principles. There is no reason to suppose, as yet, that we have reached finality as to the best way to apply our fundamental generalisation. Suffice it for the moment to recognise that we all hold the generalisation to be fundamental, and then we can discuss details of its application with vigour, but without acerbity.

In wishing the B.H.S. the most successful of sessions let us recognise that it is in our own hands to make our wish come true.

INDICATIONS FOR BRYONIA IN CHEST TROUBLES.—Intense sticking pains, or stitches in chest; cannot bear to move or to draw a deep breath. Constriction of chest; felt the need of breathing deeply, which caused pain in chest. Stitch in upper part of chest, through shoulders, on inspiring. Chest very sensitive, with stitches in left side on inspiration. Sensation of heaviness beneath sternum, extending towards right shoulder, impeding respiration; deep inspiration difficult; oppression of right side of chest, with very fine, extremely severe stitches in right axillary gland. Stitches in sternum on coughing; obliged to hold chest with hand. Sharp pains in inframammary region; worse during inspiration. Stitching pain in region of diaphragm, worse from motion or coughing. Sharp stitching pain in chest, below right nipple, extending outward, only on expiration. Short but violent stitches in right side of chest, so that he must hold his breath, and cannot cry out. Tearing stitches in left side of chest extending from behind forward, better during rest, worse during motion and on deep inspiration.

NEWS AND NOTES.

INTOLERANCE OF ASPIRIN.

BY E. J. TERRELL, M.B., B.S.DURH., M.R.C.S.,
L.R.C.P. LOND., D.P.H. CAMB.

(*From the "Lancet."*)

IN view of the modern craze for aspirin and other drugs the following case may prove of interest as illustrating the danger that sometimes accompanies the indiscriminate taking of these drugs.

A clerk, J. D., aged thirty-three, ate a fairly hearty meal of beef, potatoes, cabbage, bread and marmalade roll, washed down with ale and followed by a liqueur, about 1 p.m. At 3 p.m. tea was handed round in the office. A brother clerk, suffering from headache, produced a box of aspirin cachets and proceeded to swallow one with his tea. He handed the box to J.D., who also took one, out of sheer curiosity. An hour later he felt a peculiar itching on face, chin, and lips. His arms began to swell and in a short time wheals appeared on the skin. At the same time, his tongue became swollen and his whole face commenced to swell and assume a bloated appearance. His eyes felt heavy and the skin on his forehead felt as if it was being stretched. The swelling increased. He felt giddy and sleepy. He found a difficulty in speaking owing to swelling of tongue, lips and cheeks. He became alarmed and two colleagues almost carried him to my rooms.

I saw him at 5 p.m. when he presented rather an alarming appearance. There was a general dusky swelling of the whole face; the eyes were partly closed and lips greatly swollen. He could speak only with great difficulty. His face exhibited a bloated and bruised appearance. He could open his mouth only a little, when the tongue appeared almost to fill the buccal cavity. His hands and arms were swollen to nearly twice their usual size. His pulse was quick and feeble.

He was given an emetic of sulphate of zinc, which acted promptly, then a hypodermic injection of

strychnine, followed by sal volatile. Improvement was perceptible within a few minutes; the swelling and bluish tint commenced to disappear. He began to shiver and complained of feeling very cold. He was well wrapped up, placed in front of a big fire, and given brandy. Within an hour of taking the emetic he was well enough to proceed home, his pulse having greatly improved and the swelling subsiding rapidly. He was given hot milk and brandy and sent to bed. He slept for eleven hours, and woke feeling a little tired but otherwise quite normal and showing no trace of swelling anywhere.

It is to be noted that the aspirin was taken within two hours of a rather good lunch, and the dose was only ten grains.

A NEW SWEDISH JOURNAL.

HOMŒOPATHY is practised in Sweden with considerable difficulty, as the official opposition to it is there very strong and persistent. We learn with interest, therefore, that a new "JOURNAL" is being published, which (among other matters) will give considerable space to Homœopathy. It will be a Journal appealing not only to medical men, but also to the general public, and we need hardly say that we wish it every success.

EDUCATION, 1919-1920.

The regular courses of lectures begin this month. Dr. Fergie Woods will give the Introductory Lecture on October 9th, at 5 p.m., at the L.H.H., on "The Inevitableness of Homœopathy." The Honyman-Gillespie Course on Materia Medica and Therapeutics begins on Monday 13th, and proceeds every Monday and Thursday thereafter to December 18th, resuming on January 15th, and going on to March 22nd. These lectures will be at 5 p.m. at the L.H.H., and deal with the theory and practice of Homœopathy, with illustrations from the actual work of the hospital. Dr. C. E. Wheeler is the lecturer. On ten successive

Fridays, from October 17th, at 5 p.m., Dr. J. Weir gives the Burnett Lectures, and there is to be a Repertory Class, held by Dr. Borland on the same days, at 3.30. These lectures and classes deal with Homœopathic Philosophy and its applications to practice. Scholarships are offered to enable enquirers to avail themselves of these lectures.

TRANSIENT HEMIANOPIA.—As a symptom of ocular migraine momentary hemianopia is well known. As a phenomenon lasting for days or weeks and then ceasing it is very rare. A case is recorded by Tyson of left superior quadrantic hemianopia occurring after an alcoholic debauch in a heavy smoker lasting for a few days, and recurring nine months later after a renewal of excess in alcohol. On this occasion the visual defect lasted much longer, but after about three weeks the form fields had widened to within ten degrees of normal, while the colour fields remained contracted in the left superior quadrants to about fixation point. The case is interesting as bearing upon the pathology of migraine on which subject various theories have been put forward. Perhaps the theory most generally held is that it is due to a nerve storm of the cerebral cortex akin to epilepsy, but there is another that it is the result of spasm in a cerebral artery. This case is brought forward in support of the latter theory, but although the patient gave a history of occasional attacks of migraine from the age of eight to the age of twenty-three, these had ceased five years before the hemianopic attacks began, and the connection may have been fortuitous. That the cause of the latter was temporary occlusion of the posterior calcarine artery is supported by a case recorded by Beevor and Collier (not Beevor and Collins, as stated in the article) in 1904, in which a permanent left superior quadrantic hemianopia was proved by an autopsy to be due to a softening of the whole lower half of the right visual cortex, caused by an occlusion of this vessel. It may be added that cases of transient hemianopia resulting from severe concussion of the cerebral cortex following upon wounds of the occipital region have recently been noted by Captain M. L. Hine in which more or less complete recovery took place, the recovery for colour vision always lagging behind that for form vision. In cases of quadrantic hemianopia from war wounds it is usually the lower quadrant that is affected, the reason for this being that cases which recover are almost always due to wounds affecting the upper part of the visual cortex; not that the upper part is any more liable to be wounded than the lower, but whereas with occlusion of the calcarine artery the results are limited to the area of the cortex supplied by that vessel, wounds of the same region generally involve the medulla and cerebellum as well, so that the patient rarely survives.—*L. ardet.*

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ORIGINAL COMMUNICATIONS.

THE RELATION OF DRUGS TO IMMUNITY.*

WITH SPECIAL REFERENCE TO THE INFLUENCE OF
CERTAIN DRUGS IN STIMULATING THE FORMATION
OF AGGLUTININS AND COMPLEMENT-BINDING
SUBSTANCES IN THE HUMAN BODY.

(From the Pharmacological Laboratory of the Evans
Memorial, Boston.)

BY S. B. HOOKER, A.B., Ch.B., M.D., BOSTON, MASS.

WE have long known that the human body is capable of establishing a tolerance for many chemical substances. It is but recently, however, that the explanation of this fact has been attempted by means of laboratory experiments, and there exist, even now, but comparatively few records of observations concerning this highly important question.

Faust¹ demonstrated that the morphin addict develops an increased capacity to destroy the drug. Whereas about seventy per cent. of the amount of a single injection could be recovered through the usual channels of excretion, after tolerance had been established to doses lethal to the unaccustomed subject no morphin whatever would appear in the excretions.² Analysis of the organs of a tolerant animal showed only very small amounts of the alkaloid ; hence the logical conclusion is that the organism had acquired the power to destroy far greater quantities of morphin than it originally possessed.†

Dixon and Lee⁴, from their experiments on rabbits to determine tolerance to nicotin, state that clear evidence of a definite tolerance was obtained in eighty per cent. of the animals, and the facts elicited point strongly to the conclusion that the destruction of nicotin is brought

* Reprinted from the *New England Medical Gazette*, with full acknowledgments.

Read before the Bureau of Homœopathy at the Seventieth Annual Session of the American Institute of Homœopathy, Atlantic City, June, 1914.

† It must also be stated that the organism also develops a greatly diminished cellular sensitiveness to the action of morphin.³

about by a ferment. Clark⁵, after studying the destruction of alkaloids by the body tissues, concludes that in the rabbit and in the frog, both natural and acquired tolerance of atropin depend probably upon an increased power to destroy the drug, and possibly upon increased rapidity of excretion as well. The power of the liver to destroy atropin is due to a soluble body resembling a ferment in its action. It is worthy of note that none of the tissues investigated in the cat, the rat and the dog had any power to destroy atropin.

As a result of administering repeated and gradually increasing doses of so simple a substance as sodium citrate, Robertson and Burnett⁶ found that rabbits acquire such a profound degree of tolerance for the drug that a dose which normally causes extremely severe symptoms of intoxication, or even death, causes either very slight or else no symptoms of intoxication.*

These references† are cited to give a definite experimental basis for the fact that animals may become habituated to poisonous drugs. From the clinical standpoint I will mention only arsenic, tobacco, cocaine, cathartics, morphin and other hypnotics, as drugs to which the human body is capable of developing a resistance.

Details of the mechanisms by which tolerance is secured probably differ somewhat according to the agents used, just as immunity to B. tetani is predominantly antitoxic in character, whereas for protection against the pneumococcus the body relies chiefly upon its opsonins, and phagocytosis.⁷ As therapeutics, our interest should centre in the question whether or not drugs provoke in the human organism the development of substances protective against disease. At the outset of my experimental work I postulated that, excepting the very few parasiticial remedies, *all drugs if they have a curative effect upon*

* The fact that some poisons, alcohol for example, are rendered innocuous by oxidation or reduced by chemical reactions of varying degrees of complexity, is not an argument against antibody formation, but who shall say that this very oxidation or reduction is not the true and simple expression of the antigen-antibody reaction.

† Numerous other references are given by Dixon and Lee⁴, and Clark.⁵

medically curable diseases, have that effect by virtue of their properties of stimulating cell protoplasm to higher functional resistance. Otherwise stated, drugs have no primary curative action *per se*; their efficiency lies in the excitation of protoplasm which they produce, and the consequent liberation of those reactions which in turn arouse defensive processes for the disposal of noxious material. This postulate, when exalted to modern immunological terminology, at once suggests the question: is it possible that drugs may serve as antigens?

An antigen is defined as a substance, which, when introduced into the body, usually by the parenteral route, gives rise for the formation of antibodies more or less specifically related to the identical antigen used. It is logically assumed that for a reaction to take place there must be chemical fixation of the antigen by the body cells. Bacteria and bacterial extracts, erythrocytes, serum, milk, etc., are familiar examples of antigens.

It has been stated by advanced students and workers in serology that most inorganic or organic substances with definite chemical structure are not antigens, because their introduction into the body is not followed by the formation of antagonistic substances in the body⁸, for it is claimed that they are not taken up by the body in consequence of a special chemical affinity, but merely in virtue of the existence of physical influences. Simon⁹, dominated by Ehrlich, writes that chemical interaction between true antigen and cell receptor (protoplasm) takes place because the bodies in question are structurally closely allied to the foodstuffs.*

Although respecting deeply the master minds in this science, I believe that there is current in the matter of obeisance to eminent authorities in immunology a deal of antiquarian idolatry, and in view of the following largely experimental evidence which I have assembled,

* If this *theory* be considered essential, it is profitable to recall that one most reasonable *theory* of the toxic action of arsenic, is that this element, having identical valencies and falling in the same periodic group with phosphorus, replaces the phosphorus in the nucleo-proteids. This would be a positive example of a drug being bound by cell protoplasm.

I have ventured, I think with justification, to dispute this dictum concerning the lack of antigenous properties in drugs.

The well-known experiments with ricin, abrin, croton, phallin and extracts of pollen¹⁰, need only be mentioned as conclusive examples that these phytoalbumoses can cause the elaboration of various antibodies. In a recent communication¹¹, Ford and Rockwood cite confirmatory experiments showing that the subcutaneous introduction of graduated doses of *aqueous* extracts of *Amanita phalloides* into animals causes the production of an antiserum with antitoxic and marked antihæmolytic properties. Wheeler¹² and Neatby¹², of London, state that phosphorus increases the human opsonic index to the tubercle bacillus; Watters¹², of Boston, and Burrett¹², of Ann Arbor, claim that calcium sulphid and echinacea enhance opsonic activity toward staphylococci. Wesselhœft¹³, of Boston, has demonstrated that quinin does not show *in vitro* a sufficiently rapid parasitocidal action against malarial plasmodia to explain its efficacy *in vivo*, and the strong probability is that quinin in malaria acts by stimulating the body cells to produce their own protective substances, antitoxins and parasitolytins. Mellon¹⁴, of Ann Arbor, cites experiments which indicate that baptisia influences favorably the production of anti-typhoid agglutinins. He also states that he has been successful in raising the opsonic index to pneumococci by administering veratrum viride to human subjects. This work on agglutinins has been partially confirmed by Wheeler¹⁵.

Krohl¹⁵ expresses the belief that mercury, which he administers subcutaneously in the form of the benzoate, raises the resistance of the body toward many streptococci, and is prophylactic against erysipelas, scarlet fever, puerperal fever, etc. He attributes the effect to its sterilising action. However, this assumption seems questionable when we consider that his dose of .01 gm., even if distributed *only* in the blood, would be in a resultant dilution of 1 : 500,000, and then largely in the form of the feebly toxic mercury albuminate.

The action of several drugs upon phagocytosis has

been reviewed by Arkin¹⁶. He finds that those drugs (chloral, morphin, ether, etc.) which have an inhibitory action upon oxidative processes, all depress phagocytosis. Contrarily, mercuric and other chlorids, colloidal metals, strychnin, arsenic *et alia*, stimulate phagocytosis *in vitro et in vivo*. The drugs may interact with the specific antibody, or may stimulate the formation of more antibody. Yamanouchi¹⁷ recently published his work on phagocytic stimulation with "mycolysin," sodium nucleinate and colloidal silver. His results indicate that these substances have no direct action upon bacteria, but that they do increase the opsonic properties of the serum, and stimulate both phagocytosis and leukocytosis. The highest coefficients were obtained with mycolysin.

Lake, Osborne and Wells¹⁸, in addition to an account of their own work on hordein and gliadin, give numerous references to observations on biological reactions with extracts of vegetable substances, similar to the tinctures of many drugs, showing that such extracts are capable of acting as antigens which will react with, and incite the formation of, antibodies demonstrable by precipitin, conglutination, complement fixation and anaphylaxis reactions. Ballner¹⁹ reports that pea antiserum showed marked specificity, reacting with pea extract in 1 : 40,000 dilution, and with lentil extract only in dilution of 1 : 50. Wendelstadt and Fellner²⁰ also found that simple saline extracts of peas and beans gave positive reactions of measurable degrees of specificity. Antiserum for extracts of *Vicia faba* reacted with similar extracts of *Vicia sativa* and *Pisum sativum*, but not with *Phaseolus vulgaris* or *Phaseolus multiflorus*. The reactions were predominantly stronger with homologous than heterologous extracts. Lusini²¹ reports the production of specific precipitins for *Digitalis purpurea*.*

* The investigators cited above, Lake, Osborne and Wells, claim to have confirmed the observations of Magnus²². "Magnus used extracts of plant tissues, and found by carefully conducted precipitin tests that *the degree of immunisation determines the range of reaction*. For example, when an animal is immunised but a short time with extracts of the seeds of one of the cereals, it yields a serum which precipitates only the extract of the same species; later in the course of immunisation, precipitins appear for extracts of closely related

Along lines of slightly more intimate connection with my subject, Silvestri²³ states that he has encountered a number of cases in which anaphylaxis must be assumed in order to explain the disturbances resulting from the taking of certain drugs, among which are atropin, iodine, iodoform, phenol, pyramidon, morphin, strychnin and mercury. In his opinion, true anaphylaxis and idiosyncrasy to drugs are of the same nature. In each case the sensitising material finds already present in the organism some substance with which it unites to form a rapidly acting and highly virulent toxin. Richet²⁴ observed that dogs chloroformed for the first time never present leukocytosis, either then or afterward. About three weeks afterward, following a second chloroform anæsthesia, they exhibited a marked leukocytosis. Richet is of opinion that this anaphylactic phenomenon is due to the albumins produced by the action of the chloroform upon the liver and kidneys, rather than to the drug itself. This hypothesis may be the key to the explanation of various drug-idiosyncrasies. Dethleffsen²⁵ reports a case which exhibited anaphylactic phenomena following injections of fibrolysin—a double compound of sodium salicylate and allyl sulpho-carbamid. These reports on anaphylaxis are strictly germane in their general scope to the question of the possibility that drugs may produce antibodies or protective substances, for since the work of Abderhalden on “Protective Ferments,” and of Vaughan on “Antiferments,” the theory that anaphylaxis depends upon a specific ferment, developing as the result of the parenteral introduction into the body of a foreign protein, has gained wide acceptance. Hence, if drugs are capable of inducing anaphylactic phenomena, either directly or indirectly, it is logical to presume that they are capable of inducing the elaboration of “ferments” or

species, and progressively a wider and wider list of cereals reacts, until finally precipitates are obtained with all the *Gramineæ*. Nevertheless, even with this extreme degree of immunity, the serum gave no reaction with extracts derived from plants not belonging to the *Gramineæ*.” These observations should be of extreme significance in connection with the study of drug-immunisation.

"antibodies." The hypothesis that, for production of antiferments, the material *must* enter the body by the parenteral route* is rendered untenable by the experiments of Uhlenhuth,²⁶ Michaelis and Oppenheimer²⁷, who found that precipitins were formed following repeated introductions of egg-white or serum into the *stomachs* of rabbits²⁸.

Vaughan³³, having done an immense amount of work upon the protein poison, has elaborated this conception of ferment action in its relation to disease. Briefly, he concludes that bacteria are able to maintain themselves in the body by virtue of their ability to split up and feed upon the animal proteins, while the body protects itself by virtue of its ability to accomplish parenteral digestion of the bacteria. Thus, is a large part of Ehrlich's theory condensed into the familiar term—proteolytic cleavage. The practical bearing is that cells can be trained to pour out a special ferment to digest a specific body. To admit this probability and then to deny the equally logical assumption that a similar process is concerned with the parenteral disposal of the animal and vegetable proteins found in tinctures, or of the albuminates which most salts and metals form, would seem highly inconsistent.

In a recent article, Perkins³² states that an animal rendered tolerant of morphin is capable of withstanding a supralethal dose of codein or heroin, and that the serum of the immune animal is capable of protecting a normal animal, when given immediately subsequent to a lethal dose of the drug. Unfortunately his statements concerning experiments savor overmuch of ambiguity to allow of unreserved acceptance, and he makes no reference to the contrary findings of Morgenroth⁴⁶, as cited by Arrhenius⁴⁷.

From the results of his experimental work Weisbach⁴⁸ logically infers that salvarsan can exercise an influence not only upon the functions of the treponemata, but also

* In this connection the investigations of Solis-Cohen²⁹ on the efficacy of tuberculin when administered orally have a prominent bearing. Also Runnel³⁰ has experimented with the use of vaccines by mouth, and an extensive bibliography on "Autotherapy" is given by Duncan.³¹

upon the functions of the body cells and fluids of the host.

Fenyvessy and Freund⁴⁹ established by their researches that the intravenous injection of calcium chloride is followed by an increase in the complement titre of the serum, although this same salt possesses an anti-complementary action *in vitro*.

Finally, mention must be made of the conclusions of that prolific author, Sajous⁵⁴, that "certain alteratives can cause the blood to become bacteriolytic and antitoxic by provoking the formation and accumulation therein of more or less antitoxin."

Without further multiplication of examples, we may, I think, admit the rationality of the presumption that *inasmuch as toleration or immunity may be established to drugs as well as to bacterial toxins, and inasmuch as the phases of these immunisations exhibit such patent similitude in each case, it is probable that the fundamental biochemical phenomena may be of closely related natures.*

The foregoing review of the literature has been made with the purpose of showing that my dubiety regarding the prevailing quasi-authoritative conception of antigenous substances is not altogether unfounded. Moreover, merely that we have not yet found antibodies to those drugs to which the body can establish tolerance, is wholly insufficient evidence of their non-existence. I think it likely that failure to find such antibodies is attributable to lapse of experimentation in testing for their presence only in relation to the identical antigen used; whereas I have thought it more practicable, and capable of subserving two ends, to make tests with distinctly separate antigens, *viz.* certain bacteria and certain drugs, which are, however, reasonably homologous and specific when we parallel their respective pathogeneses.

LABORATORY RESEARCH.

The experimental work which I shall now recount has been conducted by me during the past year. The focal point of my laboratory investigation has been the ascertainment of the influence of drugs in stimu-

lating the human organism to elaborate substances protective against disease—the *problem which I estimate to be unequivocally the most important of the many which confront the internists of to-day*. The infectious diseases have been the chief objects of investigation, not necessarily that they are of greater importance, but rather for the reason that their pathology and therapy are more susceptible of laboratory demonstration. Briefly, the method of procedure has been as follows : to groups of human subjects have been administered for certain periods, small but gradually increasing doses of drugs. At intervals, from each individual a specimen of blood has been taken, and qualitative as well as quantitative studies made in regard to the presence of agglutinins and complement-fixing bodies in the blood-serum. Rigid control tests have been imposed and doubtful results have been discarded, so that the work should have at least the merit of conclusiveness within its limited scope.

Subjects.—The subjects—thirty-two in number, of which twenty-three were males—upon which experiments have been carried out, were volunteers, students from Boston University School of Medicine and internes from the Massachusetts Homœopathic Hospital. Histories, with special reference to the possibility of previous typhoidal or dysenteric attacks or of prophylatic inoculations, were taken, physical examinations and uranalyses made on most of the subjects, in order to obtain such as fall within “normal” limits as regards health. They were on the ordinary mixed diet. The faithful and intelligent co-operation of these men and women has alone made this investigation possible, and it is a pleasure here to express my genuine appreciation of their services.

Drugs.—The inorganic chemicals used, phosphoric acid, arsenous anhydrid and mercuric chlorid, were secured in the pure state from E. Merck & Co., and prepared under the personal supervision of Dr. J. Wilkinson Clapp, of the firm, Otis, Clapp & Sons. The preparation of the tablets, which were used for the convenience of the subjects, was carried out with

scrupulous care, in order to secure exactitude and uniformity in the matter of dosage. The same firm imported tinctures of bryonia and cantharis from C. Gruner, Leipsig; and obtained the tinctures of baptisia and hyoscyamus from Squibb & Co.

Bacteria.—Cultures of *B. typhosus*, *B. coli communis*, *B. alpha* and *beta paratyphosus*, and *B. dysenteriae*, Flexner and Shiga types, were obtained from Dr. C. A. E. Winslow, of the American Museum of Natural History, New York. That I might be doubly assured of the purity of these, and of other cultures provided by Parke, Davis & Co., several series of confirmatory fermentation tests were carried out for purposes of verification during the period of research.

For use in agglutination tests the bacteria were subcultured daily. Eighteen to twenty-two hour growths on agar slants were washed off with sterile 0.85 per cent. saline, and the emulsions filtered through sterile, hardened, fine mesh filter paper—in a specially devised apparatus which conveniently permitted daily sterilisation by steam—in order to secure an emulsion free from clumps. That homogeneity of the bacterial suspensions was essential for each series of tests is obvious, and this technic was adopted because of that necessity. The suspensions were diluted to a uniform turbidity each day, comparison being made with the suspensions used on the previous day.*

The antigens used in the complement fixation reactions were prepared by shaking thick saline emulsions, of forty-eight hour growths, in a mechanical shaker for ten hours. After heating for two hours at sixty degrees C., the resulting stock antigens were kept in sterile containers at 0 degrees C., without the addition of any preservative. Although some autolysis undoubtedly took place, the antigen properties were apparently unaffected. The antigenic dose of the

* A uniform concentration of the bacterial suspension is a positive desideratum when it is necessary to observe the quantitative relationship existing between the mass of bacteria to be agglutinated and the agglutinating power of the serum. At first I attempted the very accurate method of standardisation of the suspension by actual count in the hæmocytometer chamber, but I found this procedure to be altogether too time-consuming.

dexavalent typhoid preparation was found to be 0.2 ccm. of a 1: 50 dilution; of the bivalent "Flexner" and "Shiga" antigens, which were made up separately, the antigenic dose of each specimen was 0.2 ccm. of a 1: 10 dilution. None of the preparations was anti-complementary or hæmolytic in amounts of 2 ccm. or less. These antigenic and anticomplementary values were ascertained by the use of serum from rabbits immunised by repeated injections of the same strains of the bacteria used as antigens.

Serum.—Owing to the natural aversion of the subjects toward repeated puncture of the forearm veins, blood was taken from the lobe of the ear. The specimen was usually taken shortly before lunch, in order to avoid the occasional anticomplementary action of the serum, thought by some to be attendant upon the liberation of chyle into the circulation, which occurs for some time after the ingestion of food. Each subject was cautioned that the use of alcohol³⁵ is likely to be followed by the disappearance of anti-bodies from the blood, and I believe that no error arose from this possible source. The blood was collected in sterile glass capsules, centrifugalised, and serum dilutions made up for the agglutination reactions. When used for complement fixation tests, the serum in each instance, was heated at fifty-five degrees C. for thirty minutes, to destroy the native complement and to obviate the action of the nonspecific, proteotropic, anti-complementary substances described by Noguchi.³⁶ The usual controls, including positive and negative sera, were set up with every series of tests. In the work upon the agglutinins, the serum was examined on three occasions prior to the administration of the drugs, and upon two occasions in the complement fixation series. This was done in order to obtain the average normal titre of the serum, for we know that there may be a daily or even hourly fluctuation of the antibody content of the blood.³⁷ It was because of the limited time which my subjects had at their disposal that more preliminary control tests were not done.

Agglutination Reactions.—Tests for the presence of agglutinins were made by means of the hanging drop

method.* In an effort to record my observations in a convenient, systematic and accurate way, I devised a series of formulæ to represent the varying degrees of agglutination. I am surprised that such a method of denotation is not in general use in connection with a reaction of such a quantitative nature. Although arbitrary in itself, it is surely equivalent or superior in accuracy and ease of application to the "estimations" of small traces of albumin in the urine, or of the varying degrees of positivity of the Wassermann reaction. Naturally, the personal element is a factor in this method of tabulation, but the average error of one person making observations from day to day should be practically negligible, and with the exception of four specimens of serum, I have made all the observations personally, therefore adherence to this system is perfectly legitimate. The gradations depend, of course, upon the size and number of the clumps. The presence of two or three very small clumps of four to eight bacilli in a field in which the magnification is 460, if seen with reasonable regularity in at least six different fields, constitutes a "very slight tendency toward agglutination"—"V. S. T. A." Complete agglutination is designated as "A++," and the four grades between, as "a slight tendency," "tendency," "agglutination" (A.), and "A+." The coefficients which I have used in the numerical evaluation of the results run as follows: 1, 2, 4, 6, 8, and 10, the 10 representing complete agglutination. By recording observations in conformity with this schema, one may be assured that results obtained at the end of a serial experiment will be consistently comparable with the results of control tests obtained at the beginning. It is patent that comparableness of results is the prime essential in this research work.

The degree of agglutination at the end of twenty-

* The advantage of the macroscopic (test tube) over the microscopic (hanging drop) method seems to be that "it is used in the best laboratories." Its disadvantages are that it requires more serum, the apparatus is far more bulky, it is more difficult to estimate the rapidity and the grades of agglutination, and examination for motility necessitates an additional microscopic preparation. I have used it only as an added control test.

four hours has been the criterion deemed most expedient for recording the results of each reaction.* The other bacilli, which are closely related to the *B. typhosus*, have been studied in order to determine the degree of specificity, both qualitative and quantitative, of the agglutinins produced.

Serological workers are fairly well agreed that agglutinins are probably not true antibodies in the strict sense of bearing a directly inimical relation to the antigen. Therefore, although their presence in the serum usually does indicate heightened resistance through the agency of other antibodies, the presence of agglutinins does not mean greater resistivity in virtue of themselves. Furthermore, it has been conclusively demonstrated that agglutinins and bactericidins in anti-typhoid sera do not always run parallel courses. In a series of subjects observed to ascertain the duration of antibodies in the blood after antityphoid inoculation, Wollstein³⁸ found that the bacillicidal activity was almost invariably far in excess of the agglutinating power—in one case, fifteen thousand times as great. Since it seems that immunity to typhoid fever depends upon the existence of bacteriolytic antibodies in the blood, it follows, that in judging whether or not a given serum is immune to the typhoid bacillus, tests for bacteriolysins or bactericidins† are of the greatest importance. For this reason, then, I arranged another series of fresh subjects in order to demonstrate that drugs may possibly stimulate the body to produce specific bacteriolysins, and thus afford a definite basis for asserting that drugs are undeniably of service as immunising agents. The complement fixation method

* At the inception of these experiments I made observations at set intervals, but the stress of other obligatory work rendered the pursuance of that plan impossible.

† For the sake of clarity of comprehension it may be well to suggest the probability that the bacteriolysins or bactericidins may be of a nature similar to that of the "antiferments" of Vaughan. Indeed there is much evidence in support of the hypothesis that the different precipitin, agglutinin, complement fixation and anaphylaxis reactions are but merely different methods of demonstrating the presence of one and the same specific immune body. However, observations have been made which are not in strict accord with this simple interpretation so that it cannot be considered as established.

was chosen because it is definitely qualitative, although perhaps not giving such delicately quantitative results as does the more complex plating method of Stern and Korte³⁹. Of the subject's serum .1 ccm. was used, and the usual technic was followed, except that *two* units of complement were used in each instance, as well as two units of hæmolytic amboceptor. The excess of complement obviates the error arising from the non-specific absorption of complement by many *normal* sera. Moreover, it is not universally recognised that complement depreciates in strength even during the comparatively brief incubation of the reacting solutions at thirty-seven degrees C. Thus, if exactly one unit of complement is used, and this deteriorates during the incubation periods, there will of necessity be some inhibition of hæmolysis, even though no true deviation of complement may have occurred. Contrarily, with a slight excess of complement, such as probably is the case when two units are used, there may be complete hæmolysis, even though there has been a slight degree of complement fixation. Such a serum test would be called negative, even though there might be a measurable amount of specific amboceptor present. However, in this series, the experimental error lies on the safe side, in that each reading was presumably lower than was the actual serum content of bacteriolytic amboceptor. In the sera of subjects 7, 8 and 12 there was found a natural antisheep hæmolysin. We may presume that the antibody content was still further underestimated because of this disturbing factor, since I did not allow the hæmolytic amboceptor to act upon the sheep's erythrocytes prior to the second stage of the reaction.

SUMMARY.

1. In a review of the literature, numerous observations have been cited, showing that there exists considerable evidence in support of the hypothesis that many drugs in common use may, directly or indirectly, stimulate the human or animal organism to produce antibodies; *i.e.*, some drugs may possess antigenous properties. Citations have been made to

show that tolerance to many drugs can be definitely established.

2. It has been postulated that excepting parasiticial remedies, all drugs, if they have a curative effect upon medically curable diseases, have that effect by virtue of their properties of stimulating the body to higher functional resistance.

3. An abstract of the results of laboratory investigation upon that most important problem—the influence of drugs in stimulating the human organism to elaborate substances protective against disease—has been given.

4. The agglutinating powers of the sera of twelve healthy human subjects have been studied in connection with *B. typhosus*, *B. coli communis*, *B. alpha paratyphosus* and *B. beta paratyphosus*, before, during and after the ingestion of certain drugs. Each subject took one drug only, in gradually increasing doses, over a period of from three to eleven weeks. The drugs investigated were arsenious anhydrid, bryonia, hyoscyamus and phosphoric acid.

5. During the drug period there was a gradual rise in the agglutinating strength of the serum usually in direct proportion to the size of the dose given, as is shown by charts and averages compiled from observations on 2,448 separate reactions. This rise may be accounted for by assuming the production of group agglutinins in greater amount than is present in normal sera. After the cessation of the drug, in most instances there was a moderate diminution of the agglutinin titre; some sera, however, showing a rise or a retention of the same level, four months after the drug was stopped.

6. The influence of baptisia and bryonia, of mercuric chlorid and arsenous anhydrid, of cantharides and ipecacuanha upon the sera of eighteen healthy human subjects was investigated with regard to the presence of complement-fixing substances, presumably bacteriolysins, when experimentally placed in correspondence with typhoid and dysentery (Flexner and Shiga types) antigens respectively.

7. The presence of complement-fixing substances

was satisfactorily demonstrated, and these substances showed rather pronounced specificity of relationship.

The following statement deserves repetition. In view of our present fragmentary and none too well founded knowledge of the science of immunology. I cannot emphasise too forcefully my conviction that positive assertions are distinctly without justification. Hence the one and only definite conclusion which I do feel absolutely justified in drawing from the results of this limited research, is that the subject is signally meritorious of further study.

COMMENT.

It is plainly evident that the results are highly suggestive. Nevertheless, in view of our present fragmentary knowledge of the science of immunology, I cannot emphasise too forcefully my conviction that positive assertions are distinctly without justification. Scrutiny of the variously tabulated findings shows that the rise in agglutinin content of the sera probably should be ascribed to the phenomenon of group agglutination.* That this should be the case is naturally to be expected, when we consider the distinctly heterologous *original chemical* natures of the drugs and bacteria used. Probably, had the complete pathogenesis of the *strain* of bacterium and likewise of the individual drug employed, shown marked intimacy of relationship, *i.e.*, had there been a conspicuous parallelism of "bacterial" and drug symptomatology, the presence of *specific* agglutinins might have been demonstrated.†

That there exists some degree of specificity is manifested by the fact that the higher dilutions of the

* By "group agglutination" I refer to the ability of a certain antibacterial serum to cause the agglutination of certain micro-organisms which nosologically, morphologically, biologically and often pathogenetically are closely related to the homologous bacterium. Agglutination is most marked with the homologous strain, and the degree to which the heterologous bacteria are agglutinated is somewhat of an index of the proximity of the relationship of the latter to the former. For example, antityphoid serum possesses a greater power to cause agglutination of *colon* bacilli than does normal serum.

† It should be remarked that any antibodies which may have been developed in consequence of the ingestion of drugs were specific only for the drug used.

serum of a subject taking arsenic caused marked agglutination of *B. dysenteriae* (Flexner type), while they were without effect upon pneumococci; the reverse being true of the serum of a subject taking bryonia. Confirmation of this relationship is afforded by the additional fact that a moderate inhibition of hæmolysis* occurred when the serum of a subject taking mercuric chlorid was tested in conjunction with a "syphilitic" antigen,† a cholesterinised extract of guinea pigs' hearts. Even if this latter phenomenon be present only in occasional cases, there should, however, be universal cognisance of the possibility that a non-syphilitic patient taking mercury may at times give a weakly positive Wasserman reaction. I offer no explanation of the manner in which a short course of mercury causes the temporary disappearance of the Wassermann reaction in syphilitic patients.

The slightly higher figures obtained with the colon bacillus are probably explicable on the assumption that the subjects had all been more or less sensitised, owing to the presence of this bacillus in their bodies, and it is well known that the body cells possess a latent power to react more strongly to a stimulus which has once made them sensitive.‡ This point obviously has a significant bearing upon therapeutics.

In so far as we have experiential evidence, the four drugs studied are less efficacious in the production of agglutinins than are bacterial products. Whether or

* Whether or not the substance which caused deviation of complement in these experiments partakes of a nature of the "reagin," can be at present a matter only for conjecture. Reagin is the name suggested by Kolmer⁴¹ for a body capable of binding hæmolytic complement and not a true antibody in the sense of being prophylactic against or destructive to the antigen. The existence of such a body has not been demonstrated.

† It was also found that an "arsenic" or an "ipecac" serum caused no inhibition of hæmolysis in conjunction with a syphilitic antigen; that an "ipecac" serum was likewise ineffectual with typhoid antigen, while that from a mercurialised subject, although giving complete inhibition with the "Flexner" antigen, caused, on that same day, only very slight inhibition with typhoid antigen.

‡ Cole⁴⁰ has demonstrated that when an organism has once been infected with *B. typhosus* or its toxin, reinoculation more readily results in the formation of immune bodies to that bacillus. The value of antityphoid vaccination depends largely upon this fact.

not drugs may prove inferior to vaccines in the treatment of infectious diseases is a problem for future laboratory and clinical research, but there is, at least, dialectic warrant for calling attention to the fact that the drugs were administered by mouth and not parentally. Data establishing the superior efficiency of *vaccines* given by mouth in the production of agglutinins are not yet available. This ostensible comparative inferiority of the antigenic properties of drugs is not so manifest in the complement fixation series, but even were the "drug antibody" titre in the *healthy* organism lower than the bacterial, it would not of necessity betoken subordinacy in *therapeutic* merit. In point of fact, as Levaditi and Mutermilch⁵⁰ have shown experimentally, even the reverse may be true. These investigators ascertain that *salvarsanised* normal serum had very slight effect upon the evolution of trypanosomiasis in mice; that a *trypanocidal* or immune serum containing trypanolytic amboceptors had but feeble protective influence, while a *salvarsanised trypanocidal* serum prevented multiplication of the parasites and the mice survived—thus demonstrating that the drug is a more valuable therapeutic than prophylactic agent, apparently because of its association with the reaction products of the disease. Corroborative evidence is offered by Terry⁵¹ who found that a strong immunity against surra of India was obtained by injecting mice with small quantities of dichlorbenzidin plus amidonaphtol disulphonic acid 1, 8, 3, 6. That the action of this medicament is *indirect, i.e.*, not wholly parasitocidal, was seemingly shown by the fact that rich intraperitoneal injections of surra of India and caderas were capable of infecting mice when introduced as early as twenty-four hours after the drug, *i.e.*, before the drug had been wholly excreted.

I regret especially that the necessity of delimiting somewhere the number and variety of my experiments prevented me from investigating along the lines of anaphylaxis, the response of my subjects to very small doses, after they had been sensitised by the lower dilutions of the drugs.

It will be noted that the drugs used are extensively

prescribed in those infections with which they have experimentally been placed in correspondence, and that tests have been made in an effort to show that drugs do not excite the formation of substances protective against infections by those bacteria whose pathogeneses are dissimilar to those of the drugs used.

We must naturally conclude from a study of immunological reactions that a partially specific relationship or affinity is undubitably operative. We must just as certainly conclude from a study of rational pharmacodynamics and pharmacotherapeutics, that there is a conspicuous and fairly uniform relationship between drugs and healthy or diseased tissue. Most of us present are confident that this relationship is based upon the principle of symptom similarity. The point which I wish to make is that there exists reasonable possibility that the drug and the infective agent, *in that condition in which they affect or are affected by individual cells, i.e.,* when they are truly within the body, may each contain, or *excite the formation of*, ferments, or of substances containing a certain number of common or homologous chemical radicals, which would explain their similarity of action. Expressed in the polysyllabic terminology of the Ehrlichian theory, this implies a measurable degree of community of antigenous or receptoric aggregates.

Granted that we may consider drugs as antigens, I wish to suggest the following outline of a possible method of accurately determining the indicated remedy for patients with infectious diseases by means of the complement-fixation test. The ordinary hæmolytic system would be employed; the bacteriolytic amboceptor present in the serum of the infected patient would be used in the same way as is the syphilitic amboceptor in the syphilitic patient's serum. A series of antigens,—preparations,* as yet undetermined, of those drugs whose pathogeneses most thoroughly cover the totality of symptoms of the diseased patient would be used according to the usual technic of the

* Logically, such preparations should simulate the chemical structure of the drug in that condition in which it affects the cells truly within the body. The problem is to synthesise that form of the drug.

Wassermann reaction. The degree of inhibition of hæmolysis would be the criterion by which to judge of the degree of pathogenetic similarity between the drug and the particular strain of bacteria causing the disease. That antigen-amboceptor complex which most effectively caused deviation of complement to itself, and hence caused the most complete inhibition of hæmolysis, should be the simillimum.

If I may be permitted to make the paradoxical statement, this procedure is theoretically practicable* and *if* its workings are verified by clinical observations should be productive of extremely far-reaching results. A preliminary investigation has been begun in regard to this problem, on which I shall report at a later time.

I have presented the facts, the actual, uncoloured observations of my experiments. What do they amount to? How are they explained? What new hypotheses are suggested? What are the conclusions to be drawn? The facts cannot be debated, although the interpretations may, and I must be content with the brief discussion given above, and the statement that the knowledge of the possibility of modifying the protective immunifying processes of the human body tissues by means of drugs, affords a glimpse of hitherto unsuspected possibilities in this field of chemoimmunotherapy, which can be only inadequately forecasted at present. The work with complement fixing substances, although in some ways less complete, I regard as of much greater value than the work with agglutinins.

I have but scratched the surface of one small corner of a field of extraordinary magnitude, which, to yield a fruitful harvest must undergo deep delving and cultivation with long and patient assiduity. I feel constrained to omit any further theorising, for although temporary, undemonstrated, hypothetical expedients may be helpful in providing an intelligible basis for the erection of a more elaborate superstructure, nothing is

* It is profitable to recall that Hara⁴² obtained positive responses with the deviation of complement test in forty-eight of fifty-six cancer cases, using phenolphthalein for the antigen. In eighty-six cases with positive Wassermann reactions the tests with this chemical and with maltose were constantly negative.

so detrimental to scientific progress as the persistence of an erroneous theory. At the present day, he who by reasoning alone attempts to penetrate the mystery which veils the problems of immunity, would be certain to fall into error. We can adventure very few broad generalisations in any of the biological sciences, for it is too obvious that logic totters when it would coerce facts. In any case, it is only the mediocre mind that wishes to know everything without much trouble, and which has a strange longing for prompt and safe formalæ.

The same drug or the same disease may produce widely different effects in different subjects, due to the heightened susceptibility or unusual resistivity of the latter. This hypersensitiveness and this resisting power may be quite irrespective of the becoming accustomed to the effects of drug or disease.* Bearing in mind this possible diversity of pathogenic effects, we cannot be over careful in our interpretations of any laboratory or clinical, pharmacologic research. It is for this reason that I must refuse to formulate any conclusions, except one, from my work, until experiments have been performed upon more subjects in number sufficiently large to reduce the individual factor to near the vanishing point ; and to obtain results of such reasonable congruity as *must* convince the open scientific mind. As this work now stands, I feel that in its suggestive nature lies its possible value ; it is of preeminently greater significance *in posse* than *in esse*.

The questions of specific reactions in health and disease are being forced more and more to the front as biological research stimulates, molds and gives direction to pathologic, pharmacologic and therapeutic research ; certain it is, however, that a practical solution of the problems involved will never be obtained without the help of extensive and systematised *clinical* research.

* Such qualities of susceptibility or of refractoriness may be due to differences in race, temperament, habits, environment, fatigue⁴³, morphology⁴⁴, etc. ; heredity is, however, the important ultimate factor. Usually the invading forces show comparatively little difference in the same invasion, whereas the resisting forces vary widely.

ADDENDUM.

In a very recent publication Ciuca⁵² related experiments which augment the above evidence concerning the rôle of the organism in the chemotherapy of the infectious diseases. Cicua has shown that an injection of tartar emetic or of salvarsan causes an increase in the complement titre of the sera of normal or trypanosome infected animals.

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PLUMBUM.*

By A. E. HINSDALE, M.D.

ONE of the advantages of homœopathic treatment consists in its being able to arrest and modify the course of commonly occurring serious pathological processes towards which other methods of therapy have no antagonistic value. This is especially true in the treatment of kidney lesions, even when the normal histological structure of this organ has been replaced by a cell make-up of unnatural physiology and arrangement.

Interstitial nephritis is a disease of frequent occurrence and, by postponing for an indefinite period, by scientific prescribing, those pathological complexes which may ultimately cause death, the life of the individual may be considerably lengthened.

Naturally, that remedy will be beneficial in this disease which bears the closest resemblance to its pathology and symptomatic expression. A study of lead in its toxic and pharmacological action, together with a review of its symptomatology as found in our texts, shows that it is homœopathic to many cases of this disease. We say it is homœopathic to "many" cases because interstitial nephritis is a disease of a more or less constant and uniform symptomatology, more frequently resembling the effects of lead than those of any other drug.

Plumbum fortunately suits incipient as well as advanced cases. It acts equally well in women as in men. Furthermore, it is adapted to extremes of life, as what few cases I have seen in young people have responded well to the medicine. In incipient cases it is called for when there is a large amount of urine, little or no dropsy, and when constipation is an attendant symptom. Perhaps colicky pains and indigestion are present. If Plumbum is prescribed, it cannot be doubted that what would otherwise be the course of the disease is for a long time prevented.

Later on, if a patient comes to us with a more advanced condition, characterised by a continued

*From *The Polycrest* with full acknowledgment.

presence of albumin, persistent constipation, incipient or advanced arteriosclerosis, as evidenced by palpitation and a high blood pressure ; some anæmia, a somewhat dulled mental condition, and a persistent and appreciable dropsy, together with amaurosis, Plumbum is prescribed with the result that the symptoms of the disease are greatly reduced in intensity.

No claim is set forth that the remedy is curative, but these statements are made as the result of observation of several well diagnosed cases over a period of months and years.

Plumbum, being decided upon as the indicated remedy, is given in 30X trituration, a five-grain powder four times a day. Other attenuations may be equally effective, but this has been the potency used. Sometimes different potencies of the drug have been alternated. For instance, one case did very well by taking the 30x before meals and the 6x after meals. This alternation of different potencies of the same remedy is legitimate and frequently more effective than when one potency alone is described.

In the treatment of interstitial nephritis, it is necessary to do more than prescribe a remedy. The diet must be carefully regulated and the habits of the individual receive proper modification and correction. The pessimist will assert that any beneficial effects are due to dietary treatment alone. One case was "experimented" with to determine this point. The patient was given a suitable diet together with the remedy. The substitution of placebo for the medicine with a continuation of proper feeding, resulted in an aggravation of the symptoms which disappeared upon resuming the Plumbum.

There are other medicines homœopathically indicated in this disease but Plumbum will probably be the one most frequently called for. It must be taken some time before any improvement will be noted but, if given a good trial in a case in which it is indicated, the observer of the case in question will notice beneficial effects.

HOSPITALS AND DISPENSARIES.

BIRMINGHAM.

THE Report of the Birmingham Hospital and Dispensaries is the seventy-first issued, showing what a long and honourable career the Institutions have had. It has been a good year: 375 in-patients treated, twenty-three remaining under treatment at the time of publication. Of the 352 completely dealt with, 268 were cured and sixty-two relieved, leaving only twenty-two for whom nothing could be done. 210 operations were performed. The out-patients numbered 4,510, and the home visits paid 738.

The special treatment of disabled soldiers continues satisfactorily.

Financially the year has been a solvent one. The Expenditure is £161 below the Income, but as there was an adverse balance in 1917, this balance is much needed. Altogether it is a very satisfactory showing for Birmingham, and we congratulate our colleagues and friends most heartily upon it.

NOTIFICATIONS.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. BORLAND.

Dr. BORLAND has returned from Army Service and is now practising at 27, *Nottingham Place, W.1.* Telephone, Mayfair, 4501. Consultations by appointment.

INDICATIONS FOR ARSENICUM IN INFLUENZA.—Rheumatic headache with violent pains, fluent coryza and discharge of corrosive mucus; or for great debility with aggravation at night or after a meal; spasmodic cough with desire to vomit, or with vomiting and expectoration of watery mucus, running of the eyes, inflamed eyes with ulcers on the cornea and excessive photophobia (for this last symptom, Bell., or Lach. is sometimes indicated).

DR. JAHR.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH AUGUST TO 15TH SEPT.,
1919.

GENERAL FUND.

<i>Subscriptions.</i>				<i>£</i>	<i>s.</i>	<i>d.</i>
A. Kemp Brown, Esq.	..	..	..	..	10	6
Miss Cargill	..	..	..	..	10	6
C. W. Rock, Esq.	..	..	..	1	1	0
T. Burberry, Esq.	..	..	..	1	1	0
Miss Cogswell	..	..	..	..	5	0
Mrs. E. R. Budden	..	..	..	1	1	0

SUBSCRIPTIONS AND DONATIONS IN
RESPONSE TO SPECIAL APPEAL, RECEIVED
FROM 16TH AUGUST TO 15TH SEPT.

	<i>Subscriptions.</i>			<i>Donations.</i>			<i>Total.</i>		
Per Dr. H. J. W. Barlee ..				1	0	0	1	0	0
H. H. Bolton, Esq. ..	2	2	0				2	2	0
Per Dr. H. J. W. Barlee ..				1	1	0	1	1	0
Mrs. A. "Balfour" Williamson	2	2	0	1	0	0	2	2	0
Dudley d'A. Wright, Esq.	3	3	0				3	3	0
Mrs. Pocock (per G. B. Puttock, Esq.) ..		10	6				10	6	
Total to 15th Sept., 1919	£7	17	6	£3	1	0	£10	18	6

The usual Monthly meeting of the Executive Committee was held at Chalmers House, on Wednesday, 17th September, at 4.30 p.m.

A Meeting of the Beit Research Fund Committee was held at Chalmers House on Wednesday, 17th September, immediately following the Executive.

INDICATIONS FOR BRYONIA IN INFLUENZA.—Rheumatic pains in the limbs and chest, not allowing one to move.—DR. JAHR.

THE ROYAL INSTITUTE OF PUBLIC HEALTH.

Founded 1886.

Patron : HIS MAJESTY KING GEORGE V.

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A SPECIAL COURSE OF LECTURES AND DEMONSTRATIONS ON TUBERCULOSIS.

For Medical Men and Women qualifying to become Tuberculosis
Officers and for General Practitioners and others interested in the
Study of Tuberculosis.

- Lecture I.*, October 9th.—THE EARLY DIAGNOSIS OF TUBERCULOSIS.
By Halliday Sutherland, M.D., Ch.B., Consulting Tuberculosis
Officer, St. Marylebone Tuberculosis Dispensary.
- Lecture II.*, October 16th.—PREDISPOSING CAUSES OF PULMONARY
TUBERCULOSIS. By L. S. T. Burrell, M.A., M.D., M.R.C.P.,
Assistant Physician, Hospital for Consumption, etc., Brompton.
- Lecture III.*, October 23rd.—THE SELECTION OF PATIENTS FOR SANA-
TORIUM TREATMENT. By Cecil Wall, M.D., F.R.C.P., Physician
and Dean of the Hospital for Consumption and Diseases of the
Chest, Brompton.
- Lecture IV.*, October 30th.—THE TRAINING OF THE TUBERCULOSIS
SUFFERER. By Miss Jane Walker, M.D., Medical Superintendent,
East Anglian and Maltings Farm Sanatorium, Nayland.
- Lecture V.*, November 6th.—REMARKS ON THE VALUE OF SOME LABORA-
TORY TESTS IN THE DIAGNOSIS OF TUBERCULOSIS. By A. Conyers
Inman, M.A., M.B., Superintendent, Pathological Laboratories,
Hospital for Consumption and Diseases of the Chest, Brompton.
- Lecture VI.*, November 13th.—THE PNEUMOTHORAX TREATMENT OF
PULMONARY TUBERCULOSIS. By Clive Riviere, M.D., F.R.C.P.,
Physician, City of London Hospital for Diseases of the Chest,
Victoria Park.
- Lecture VII.*, November 20th.—TUBERCULOSIS COLONIES AND THEIR
MANAGEMENT. By P. C. Varrier-Jones, M.A., M.R.C.S., L.R.C.P.,
Hon. Medical Officer, Cambridgeshire Tuberculosis Colony.
- Lecture VIII.*, November 27th.—SANATORIUM TREATMENT OF PUL-
MONARY TUBERCULOSIS. By James Watt, M.A., M.D., Medical
Superintendent, Downs Sanatorium, Sutton.
- Lecture IX.*, December 4th.—THE TEMPERATURE IN PULMONARY
TUBERCULOSIS. By James Watt, M.A., M.D., Medical Superin-
tendent, Downs Sanatorium, Sutton.
- Lecture X.*, December 11th.—THE DIAGNOSIS AND TREATMENT OF
TUBERCULOSIS IN RELATION TO PUBLIC HEALTH. By H. Hyslop
Thomson, M.D., D.P.H., County Medical Officer of Health, Tuber-
culosis Officer and School Medical Officer, Hertfordshire.
- Lecture XI.*, December 18th.—THE TREATMENT OF TUBERCULOSIS OF
THE LARYNX ESPECIALLY IN THE HOME. By J. Dundas Grant,
M.D., F.R.C.S.Ed., Surgeon (Throat and Ear), Hospital for
Consumption and Diseases of the Chest, Brompton.

Bacteriological Demonstrations will be given in the Laboratories
of the Institute, and visits will be arranged to Sanatoria, Tuberculosis
Dispensaries, etc.

The Lectures will be delivered in the Lecture Room of the Institute on THURSDAYS at 5 p.m.

An optional Examination will be held at the close of the Course, at which Certificates will be awarded to successful candidates,

Fee for the Course : TWO GUINEAS. Fellows and Members admitted free.

Further information may be obtained on application.

E. W. HOPE, M.D., D.Sc.,

T. N. KELYNACK, M.D., M.R.C.P.

37, Russell Square, W.C. 1.

Hon. Secs.

(*Telephone* : Museum 766).

VARIETIES.

ACIDOSIS AND ITS SIGNIFICANCE.—The seventh report of the "Special Investigation Committee on Surgical Shock and Allied Conditions," which was appointed by the Medical Research Committee in August, 1917, deals with the controversial question of "acidosis." The name itself is a somewhat unfortunate one for the state which it is used to designate—namely, that in which the normal reserve of potential alkali, practically sodium bicarbonate, in the blood has become reduced below about seventy per cent. of its proper value. It suggests that the reaction of the blood has been changed towards the acid side. This is very rarely the case. We have but to remember that, putting the matter somewhat crudely, blood is made alkaline by the sodium bicarbonate, acid by the dissolved carbon dioxide; so that, if the former goes down, it is only necessary to reduce the latter in proportion in order to maintain the hydrogen-ion concentration at its normal value. The removal of carbon dioxide is effected, as is well known, by increased activity of the respiratory centre.

Since it is actual increase of hydrogen-ion concentration that is responsible for the physiological effects of acidity, as shown in Section VI. of the report, it is difficult to see how, apart from this, a reduction in the concentration of sodium bicarbonate should have such serious results as are attributed to the state of acidosis. But it has been found that not only in wound-shock, but after anæsthesia and in diabetes, the alkaline reserve is reduced, and certain observers have held the state of wound-shock to be essentially due to this factor. It is obvious that an important question of treatment is involved. If the decrease in bicarbonate is the actual cause of the state, no further treatment should be required than the administration of alkali. It was therefore necessary to subject the question to a thorough experimental and critical examination. The results of this are given in the report before us. The original report must be consulted for the methods used and details of the experiments. We must be content here with a summary of the conclusions arrived at.

Although the alkaline reserve was reduced by the injection of acid to a lower level than that of the most severe

cases of diabetic coma reported, the cats and rabbits used showed no abnormal symptoms, except some slight dyspnœa on exertion. This conclusion is the more convincing because some members of the committee had at one time obtained shock-like symptoms by the injection of acid, but they were ultimately completely convinced that their results were not due to acidosis. The next question discussed is, "Does acidosis favour the production of shock by other agencies, such as hæmorrhage, histamine, peptone, adrenalin, vaso-motor paralysis?" No evidence was found that there is any such effect, except perhaps that acid may exaggerate the depressant action of some anæsthetics. If, then, we are led to the conclusion that acidosis does not produce shock, either directly or indirectly, it is necessary to account for the fall of bicarbonate reserve observed in shock. Evidence is given in the report that this is the result of defective supply of oxygen to the tissues, brought about by the slowed circulation. Details are given of experiments in which a low blood pressure was produced in different ways, with the result of acidosis of varying degrees of severity. The experiments of Wright and Colebrook, published in *The Lancet*, 1918, I, 763, confirm this conclusion. The next section is a valuable account of the factors controlling the reaction of the blood, showing the distinction that is to be made between a reduction of bicarbonate reserve and a real increase in acidity; while the final section describes briefly the methods in use for the actual determination of either of these properties. From the practical point of view emphasis is laid on the cardinal importance of maintaining an adequate oxygen supply to the tissues. Since an increase in the acidity of the blood stimulates the respiratory centre to increased ventilation of the lungs, the production of acid in the tissues tends to correct itself in this way, so that the introduction of alkali may even be injurious. But a significant conclusion drawn from experimental evidence is that "oxidation in the tissues is far more easily rendered inadequate by defective circulation through the capillaries than by a reduction either of the oxygen-carrying power of the blood or of oxygen tension in the inspired air." As much as seventy-five per cent. of the total blood volume can be removed from the circulation without harm, provided that it is replaced by gum-saline solution. The value of measurements of the bicarbonate reserve is that they indicate deficient circulation and the need for increasing the volume of the blood. A good supply of oxygen by the blood to the tissues is obviously of importance in restricting the spread of infection by anaerobic organisms. The question of gas gangrene is discussed in a special section, and experiments are given which show that the failure of the circulation cannot be attributed to the production of acid.—*Lancet*.

THE LYMPHOID TISSUES, TUBERCULOSIS, AND SUNLIGHT.—The greater part of the January number of the *Journal of Experimental Medicine* is taken up by records of very suggestive experimen-

tal work upon the activity of the lymphoid tissues in the body. Their study has in the past been difficult on account of the lack of methods of approaching the subject. The wide distribution of the lymphoid tissue throughout the body has prevented observations comparable to those adopted in investigating the functions of the internal secretions. Owing to rapid hyperplasia of the lymphoid tissues, compensation for loss, such as can be induced by splenectomy for example, so readily occurs that lessened function cannot be detected. Dr. J. B. Murphy and his co-workers have found, however, that practically the entire lymphoid tissues of the body can be destroyed without any noticeable effect upon the health of the animal by means of small repeated doses of X rays. There result important changes: there is a lessening of the mechanism of resistance to implant of foreign tissue to inoculated cancer, to grafts, tuberculosis, and to poliomyelitis in various animals; and it is suggested that the lymphocyte is an active agent in these processes. The present experiments have been directed to the study of the converse conditions—namely, those by which the activity of the lymphoid tissues can be increased. It is found that one of the most effective means of inducing such increase is by dry heat. Animals subjected to dry heat (55-65° C. for mice, 60° for rats and guinea pigs) for short periods showed, after a sharp preliminary fall, a subsequent gradual increase of both the polymorphonuclear leucocytes and the lymphocytes. Increase in the latter often amounts to 200 to 300 per cent. above the normal count (J. B. Murphy and E. Sturm). This pronounced lymphocytosis is held to be due to the enhanced proliferative activity of germinal centres in the spleen and lymph glands (W. Nakahara). As might be expected, the effects of the lymphocytosis thus induced are the reverse of those above noted as following X ray applications. There is a marked increase in resistance to transplanted cancer in mice, to the rate of growth of spontaneous tumours in these animals, and especially to experimentally induced tuberculosis in mice. The resistance is here increased two to three fold (Murphy and Sturm). The beneficial effect of sunlight upon clinical tuberculoiss is known, and some observations are recorded upon the effect of sunlight upon the lymphocyte count in healthy individuals (J. B. Taylor). Thirty-eight subjects were examined. In twenty-five of the cases in which chronic solar dermatitis was produced there was an appreciable increase, percentage and absolute in the number of circulating lymphocytes. In eight there was a definite decrease and in five there was no appreciable change. Of the thirteen cases with no lymphocytosis, six failed to tan and five had an extremely high lymphocyte to begin with. There was clearly a definite parallelism between the tanning and the blood changes. Similar blood changes follow exposure to small doses of X rays (Taylor and others,) so that it is suggested that the sunlight effects are due to the ultra-violet rays of the spectrum. Rollier and others have emphasised the fact that tanning is necessary to obtain beneficial results in tuberculosis with heliotherapy. The relationship of this

observation to the possible associated blood changes and the manner of their production is interesting and suggestive.—*Lancet*.

LEFT SCAPULAR PAIN AND HYPERALGESIA IN HEART DISEASE.
The significance of symptoms in the diagnosis of disease and in the estimation of its degree is receiving exact study in many departments of medicine. In pulmonary tuberculosis it is practically impossible to express an opinion as to the nature and stage of the disease without careful correlation of the symptoms with the physical signs observed. In heart disease the symptoms afford a valuable measure of the degree of the derangement of function caused by the lesion indicated by the physical signs and of the necessity for treatment. That various cardiac conditions are associated with some degree of præcordial pain and tenderness has long been familiar, but the extent, character and radiations of these pains have perhaps not received the attention they deserve except in the case of angina pectoris. We publish an interesting and suggestive note by Dr. John Parkinson upon a little-recognised form of cardiac pain and tenderness—namely, that occurring in the left scapular region. He has made a careful study of fifty cases in which these conditions were observed. The scapular pain is usually referred to a spot just below or internal to the lower angle of the left scapula, though it is sometimes felt along the vertebral border of the lower half of the scapula. It is apparently always accompanied by sub-mammary pain, which is more generally recognised as of cardiac origin. The scapular pain is usually a later manifestation, though in a few patients it appeared to originate at the same time as the submammary. The hyperalgesia was less frequently present than the pain, and its extent was variable, as shown in the record of ten cases given by Dr. Parkinson. The conditions in which left submammary and scapular pain was observed included valvular and myocardial disease, arterio-sclerosis and renal disease with cardiac embarrassment, especially when associated with high blood pressure; also "functional" heart disease and conditions of general ill-health with inefficient action of the heart. As might be expected; Dr. Parkinson finds the explanation of these symptoms in the well-recognised principle of referred pain in visceral disease, so ably elucidated by Dr. Henry Head and Sir James Mackenzie. He finds that the sixth thoracic segment alone or in combination with the fifth supplies the submammary and scapular regions to which the pain is usually referred. The hyperalgesia corresponds to the same segments, though it may extend to a larger area. He regards the development of hyperæsthesia in cases of chronic heart disease or disorder, especially when it persists or recurs, as indicating a new and more obstinate stage. In his opinion the hyperæsthesia induces and supplements the pain since it may be started or provoked by various movements disturbing the hyperæsthetic areas. Dr. Parkinson's note illustrates well the manner in which careful record of symptoms may throw light upon disturbed function in disease.—*Lancet*.

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Marr (Lieut.-Col. H. C.). Psychoses of the War, including Neurasthenia and Shell Shock. 8vo pp. 343, net 16s.

Medical Register, 1919, The. Printed and Published under the direction of the General Council of Medical Education and Registration of United Kingdom. Royal 8vo, pp. 1,214.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Compston, Crawshawbooth.—Mr. E. Frost, Chelmsford—Mr. Dudley Wright, London—Dr. Burford, London—Dr. Powell, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.

The Homœopathic World.

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Paper on Some of the Commoner Septic Foci: their Results, Pathology, Symptoms, Diagnosis and Treatment. By A. Henry Seelenmeyer. M.B., B.S. (Melb.), F.R.C.S.

Children's Homœopathic Dispensary, Shepherd's Bush.

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HOSPITALS AND INSTITUTIONS:

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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THE HOMŒOPATHIC WORLD.

NOVEMBER 1, 1919.

BRITISH HOMŒOPATHIC CONGRESS.

THE first Congress since 1914 was held in London on September 26th, and the great success of it testified to the eagerness of our colleagues and friends to resume the normal course of our activities. The social side of the Congress was in evidence on the 25th. It had been hoped to persuade a number of members to join in a friendly golf competition at Sundridge Park, where Dr. Wynne Thomas had undertaken to arrange for them. Actually only four came up to the scratch—but they at least had a very enjoyable round and if none of them exactly surpassed their ordinary form they at least had a close and exciting match. Play was by stroke and Mr. Eadie was victor, beating Dr. Wheeler by one stroke: Dr. Wynne Thomas and Dr. Powell were close at his heels and the match was only decided on the last green.

In the evening the President, Mr. Dudley Wright, and Mrs. Dudley Wright held a reception at the Connaught Rooms. It was well attended and it was a great pleasure to many to meet friends and acquaintances not seen for a long time. On Friday, the 26th, the President delivered his address (which we have the honour to print elsewhere) at 10 o'clock. It was

listened to eagerly by a good gathering of members and friends, and, as our readers will find, all who heard it were amply repaid for their attention. During the short interval various preparations and specimens were shown illustrative of the papers to come. Then Dr. Judd Lewis read a paper on the Nature and Constitution of Colloids, and Dr. Wheeler followed with a paper on their therapeutic uses. Unfortunately there was but a short time for discussion, but Dr. Cash Reed and Dr. Percy Wilde spoke effectively.

Then followed the luncheon interval when the London members had the honour to entertain their provincial colleagues. The Congress business was transacted at this time. Dr. Wynne Thomas was elected President for 1920, and Dr. Frank Shaw, and Dr. C. E. Wheeler, Vice-Presidents. It was decided to meet again in London in the first week of July.

In the afternoon the present position and possible changes in it as a result of the new Public Health Act were fully discussed. Dr. Burford, Mr. Purchase, M.P. and Dr. E. A. Neatby read papers and Mr. Lee Mathews for the B.H.A. and Mr. Attwood for the L.H.H., and Dr. Neild and Dr. Wynne Thomas and others contributed to the discussion. Some, at least, of these papers will be put before readers of the *World* in the months to come. All deal with a problem of the utmost importance to us and we cannot think too earnestly and carefully about it.

In the evening the members and friends of the Congress met at dinner and the proceedings ended in

the same atmosphere of good fellowship which had characterised them throughout. The only marring detail was that the imminence of the railway strike withdrew nearly all the country members. Besides the usual loyal toasts proposed by the President, Mr. Lee Matthews and Sir George Truscott proposed success to Homœopathy—Dr. Wheeler (in the absence of Dr. Percy Wilde) proposed the Congress, and Dr. Burford (in the absence of Dr. Cash Reed) the President. All toasts and especially the last were enthusiastically honoured. Mr. W. G. Churcher, during the evening contributed to the entertainment of the guests in his well-known inimitable way.

The success of the Congress is of good omen for the future. It remains for us, each and all, to convert promise into performance.

NOTIFICATIONS.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

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NEWS AND NOTES.

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Mr. James Eadie, F.R.C.S., 71, Harley Street, W.1. will be glad to receive subscriptions from those who have been associated with Sister May and desire to express their appreciation by contributing.

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DR. JAHR.

ORIGINAL COMMUNICATIONS.

PRESIDENTIAL ADDRESS TO THE BRITISH HOMŒOPATHIC CONGRESS.

BY DUDLEY D'A. WRIGHT, F.R.C.S.

It is now more than five years since the last assembling of the British Homœopathic Congress. When we foregathered in the early days of July, 1914, little did any of us foresee the dire tragedy which was so soon to involve mankind. Within a few weeks of our meeting the hour had struck, and the great calamity of a world war was upon us. Nation was arrayed against nation and hideous carnage has since been the lot of warrior and civilian alike. At times, it seemed as if all that had been gained by the civilisation of past ages was to be swept away, and a return to the barbarism of early times was near at hand. We have fortunately been spared this further calamity, and let us trust that the lesson of the past five years will sink so deeply into the consciousness of the human race that many generations will pass before man again takes up the sword against his brother, if, indeed, it is not too much to hope that never again may such a tragedy befall the nations of the earth.

Throughout this period the medical profession of all the countries involved, has carried on its beneficent work of assuaging the suffering called forth by the combat, and the experience gained has led to a great advance in the technique of the healing art, both in its medical and surgical aspects, which cannot fail to bring benefit to humanity.

The medical men both of this country and the United States of America quickly responded to the call for aid. Even in the earliest days of the war physicians and surgeons in large numbers offered their services both for work on the field of battle, and for the staffing of hospitals.

It is to the credit of Homœopathy that at the very commencement of hostilities two members of our Society, Doctors Renton and Hoyle, passed over to

Belgium and rendered valuable service to our Allies. A little later a small body, including Doctors Lewin, Hare and Cunningham, and myself established a hospital in Dieppe with seventy beds, and three months afterwards another and larger one of 370 beds at Yvetot near Rouen. In February, 1915, a hospital founded and equipped by the friends of Homœopathy was opened at Neuilly. It contained forty beds and continued its good work until March, 1916. During this period over 200 patients were admitted, and out of this number there were only five cases which ended fatally. The medical staff of the Hospital was drawn from our British colleagues who worked there for varying periods, and included Doctors Hoyle, Macnish, Spencer-Cox, Cash Reed, Barlee, Hawkes, Day, Alexander, Cogswell, and Leigh Cox.

As the war proceeded and greater demands for medical help were made, there were few of our younger members who did not take their places with the troops in the field. Fortunately, these have now nearly all returned to their homes, but we have to mourn the loss of one, not the least distinguished of our body, Lieut. John Hammond, D.S.O., of Bournemouth, who died on February 12th, 1917, of wounds contracted on active service. A colleague writing of him says: "Large-hearted, he was always ready to do a kindness to others. Nothing was a trouble, no detail was too small to receive attention. At St. Malo, besides treating the wounds of the 'poilu,' he ministered to their souls, and with his perfect knowledge of French many was the death-bed soothed by 'le grand Anglais.' Fellow officers from the Macedonian front bear testimony to his good influence on the morale of his men. In the end it would seem that he gave his life for them. 'I found I had lost my tourniquet' he says in a letter received since his death, but the missing tourniquet was doubtless doing service to some wounded man whom he had recently tended."

We bow in reverence to the memory of our large hearted and pure-souled colleague. May his memory and example be a beacon light to guide us towards a more selfless ministry to suffering humanity.

To those of our colleagues who have lost sons in the war we offer our heartfelt condolence. To Dr. Speirs Alexander, whose son, Captain Alexander, an officer of brilliant promise in the I.M.S., died in Mesopotamia ; to Dr. Mason, of Leicester, who mourns the loss of his second son ; to Dr. Hall, of Surbiton, and Dr. Horace Sanders, who have suffered a like bereavement, we desire to express our sincere sympathy. Our lamented *confrère*, Dr. S. P. Alexander, of Southsea who has recently passed away, also suffered a double bereavement, losing two sons.

Since we last met, Death, with his sickle, has taken a full toll of our older members. We have, alas, to chronicle a great depletion of our ranks, and amongst these are some of our oldest, our best, and most respected *confrères*. Dr. James Wardrop, of Glasgow, who died at the ripe age of eighty-seven years ; a great philanthropist and an esteemed physician : Dr. Hilbers of Brighton : Lt.-Col. Ellis, Honorary Physician to the Hahnemann Hospital, Liverpool ; Dr. Sandberg, of London ; Dr. Mabel Hardie ; Dr. Arthur Roberts, of Harrogate ; Dr. Munster, of Croydon ; Dr. Peter Stuart, of Liverpool ; Dr. W. T. Wolston, of Edinburgh ; Dr. Percy Purdom, of Croydon ; Dr. Tindall, of Exeter ; Dr. Süss-Hahnemann, grandson of the immortal founder of our school ; Dr. Gibson Miller, of Glasgow ; Dr. A. E. Hawkes, of Liverpool ; and Dr. Clifton, of Leicester, our two oldest and most respected provincial members, and lastly, Dr. Galley Blackley, the Doyen of the homœopathic body, and Senior Physician to our Hospital in London.

This is, indeed, a long and lamentable list. We can ill spare all these who have passed from us ; and whilst mourning their loss, it behoves us to endeavour by our teaching and example, to attract to our Society the younger members of the profession to fill our depleted ranks.

Although the demands of the war on the time at the disposal of our members has much curtailed the usual activities of our Society and the British Homœopathic Association, it is satisfactory to know that the latter has throughout continued to do good work. Amongst

other things it has continued the useful lectures given under the Honyman-Gillespie Bequest ; and it has also commenced the preparation of a *Materia Medica* which has every prospect of being issued in the near future. Dr. Judd Lewis has continued his researches under the auspices of the Beit Research Fund, and is making good progress in his investigations.

I should like to embrace this opportunity of adding my quota to the appeal recently issued by the Association for increased donations and subscriptions. The work which it has carried out in the past has been of inestimable benefit to our cause, and the calls upon its activities are likely in the future to be greatly increased, so that it is incumbent upon us all to endeavour in every way to assist it to become a strong and influential corporation. This is all the more necessary in that questions of vital importance to our Fraternity are likely to be raised in the immediate future by the legislation contemplated under the proposed Public Health Act. There is every probability that we may find ourselves involved in a very hard contest to maintain our freedom of practice, and we shall need all the assistance which a powerfully organised body, such as we all desire our Association to be, can give us in our struggle to avert the danger to our liberties, and perhaps even to the very existence of our hospitals and School of Medical Practice. I therefore urge you all to give this appeal your most serious consideration.

When, at the last meeting of this Association, I was elected President, I felt that I had been the recipient of a great honour, but was at the same time aware that the task imposed upon me was no light one.

I presume that few have undertaken the penning of a Presidential address without mixed feelings, and I must confess that when I came to cast about for a subject which would serve my purpose I became more and more aware of my unfitness for the undertaking.

In endeavouring to write an address which should be worthy of the occasion I am conscious of being handicapped in two directions.

In the first place, being in a position to look back over a period of thirty years' association with the

Homœopathic body, I can recall the many presidential addresses to which I have listened—addresses given by men of the first rank in our body ; many of whom have not only been highly skilful physicians, but philosophical thinkers to boot. It can be well imagined that these have discussed the question of Homœopathy in all its bearings in such a way as to leave very little of what is original to be said by their successors.

The other handicap which weighs on me, perhaps even more heavily than this, is the fact that, as a surgeon, it is natural that I should have had comparatively little opportunity for studying the action of drugs and their practical application in cases of disease. Moreover, my excursions into the realm of the philosophy and theory of Homœopathy have been few and far between, and it is therefore not surprising that I should approach my task with considerable diffidence, if not with a certain feeling of awe.

I do not know whether these sentiments were shared to some extent by my esteemed surgical colleague who immediately preceded me in this chair. At any rate I can recall that he kept aloof from any discussion of what we may broadly speak of as the philosophy of Homœopathy ; a fact which did not in any way impair the excellence of his discourse.

With such an example before me, I do not feel constrained to apologise for leaving the beaten track and dealing with certain subjects which have within the last few years been under investigation by various observers, and at the same time indicating, where possible, any relationship which their results may bear to the practice of our school.

It is now accepted that, in the realms of Nature, the forces of evolution are ever active. Progress though in spirals, with occasional regressions, is ultimately in the upward direction. Old forms decay and are replaced by others in which more complete division of labour between the constituent parts, and modifications in their structure, fit them the better for the environment and the time in which they exist.

In the case of man, alike in his structure, his circumstances and knowledge, the action of this evolutionary

force can be traced. Art and science are each amenable to the same law, and medicine as one of the branches of scientific knowledge is not immune from its influence.

If we go back only half a century in the history of medicine, we find that the theory of cellular pathology had just been enunciated by Virchow. In itself it was a great advance. The recently extended powers of the microscope had enabled observers to detect the minute changes undergone by the cells of the body in the course of disease. The changes were studied carefully and in detail, and described with precision. It is, therefore, to be expected that the pathology of these days should, in consequence, deal almost entirely with anatomical changes. The results, from the point of view of practical therapeutics, were very meagre. The whole of cellular pathology, in spite of the genius of Virchow, brought us very little nearer to the mark so far as the cure of disease was concerned. It was, however, a necessary step in the march of knowledge towards a better understanding of the complex phenomena of disease ; it was one of the phases of the evolution and growth of medical science.

The introduction of bacteriology was the next advance. But this, too, was at first largely a matter of morphology ; it was a question of the forms of individual germs. But experimentation soon demonstrated that the morphology of bacteria is of little importance as compared with the biology of bacteria. It was discoveries in the life activities, and the production of the specific poisons of the bacteria, that entirely regenerated medical science, and led to great advances in every branch, advances which, through the increased facilities for bio-chemical methods of research, are likely in the future to be augmented and which give promise of an abundant and rich harvest.

Bright as is the outlook in this direction, we must guard against being led away into the belief, or expectation, that bio-chemistry or physics will solve all the problems in the field of diseases, for it is doubtful whether we shall ever be in a position to explain in physico-chemical language alone all physiological and pathological facts. In each there appears to be an

element which transcends the power of physical investigation. The phenomena of consciousness, and the physiological processes which occur in nerve cells, bear a certain ultra-physical aspect, and are dependent on biological laws which cannot be expressed in terms of either physics or chemistry. ~~X~~If ever we shall be in a position to explain these phenomena, medicine will be entirely revolutionised, and the day of drugs will possibly be over. It is useless, however, to speculate on this theme. We have only to deal with facts. We have disease all around us, and we have certain methods of combating it, and it is for us whilst searching for an extended armamentarium, to use those means which best attain the end sought for.

Modern science shows a tendency to bring more and more facts under the operation of fewer and fewer wide-reaching general laws. In medicine the same bias is manifesting itself. The organism is made up of an infinitude of cells. The cell is the morphological unit of life, and the vital activities of our bodies are but the sum total of individual actions of these cells. Consequently, investigators have busied themselves with the study of cell activity, and this has led to a great accretion of knowledge concerning the innate powers of the cell, and its reaction to stimuli, and particularly the bio-chemical changes which take place in physiological and pathological processes alike.

It was formerly considered that changes in growth and other activities of the cell were largely dependent upon the laws of osmosis. This view, has, however, been proved to be incorrect. Other actions, especially the phenomena of adsorption, play a more important rôle. Upon this process of adsorption depend the electrical and many chemical changes which take place in the cell. It is also responsible for enzyme action, the combination of toxin and anti-toxin, and the sensitising of the white blood cells by opsonins, as well as the ingestion of bacilli by the sensitised leucocytes. A study of its operation leads one to think that it explains many of the features of drug action.

This process of adsorption is a physical manifestation, which has an intimate connection with, one might say

depends upon, the surface tension of the cell. It is, therefore, only a surface action and may be looked upon as the first stage in a series of activities which leads to the chemical changes within the cell itself. It is through its intervention that the chemical-ions are enabled to gain an entrance into the cell, and, when once established there, these ions act as catalysts, and hasten, if they do not actually start the chemical processes, the sum-total of which we call the vital activity of the cell.

I would remind you that a catalyst is a substance which accelerates or retards a chemical reaction, which in its absence would proceed at a different (usually slower) pace. The action of a catalyst has been not unfittingly likened to that of a lubricant. A weight placed at the top of an inclined plane, so held that the weight only slowly slips down, has its velocity increased if its under surface be oiled. The oil accelerates the action, but does not affect the ultimate result. Catalysts do not combine with the final products of the reaction, these being, as a rule, the same as they would have been had no catalyst come into play. Another important characteristic is the vast amount of change which even a trace of catalyst can produce.

Inasmuch as the catalytic action is affected by substances in an almost infinite state of division it is obvious this has a bearing on Homœopathy, an aspect of the subject which merits investigation. It has also a connection with the use of colloids in medication, but as we are to have papers on this subject in the course of the congress I will forbear dealing further with this side of the question.

As I have already said, bio-chemical research has opened up our knowledge of the chemistry of the cell and its inter-relation with the other cells of the body. This inter-relation of the functions with the organism is regulated by ferments or enzymes, and hormones. The latter name is given to any substance which, carried by the blood stream to an organ, excites its cells to secrete, apart from any nerve control. Some hormones and enzymes are prepared in glands, issue into the circulation, or rest within cells, and form the

first links in the assimilation of extraneous matter, regulating growth, including reproduction.

One of the most interesting examples of hormone action is that in which the embryo secretes for months hormones which cause the development of the mammary glands and production of milk in the mother. Starling extracted the embryo of a guinea pig, and injection of the extract into virgin does caused the development of mammary glands.

Hormones and enzymes are strictly specific in their operation. It has been proved for the latter that they have a clearly defined chemical structure that, no doubt, causes this specificity. The enzymes on injection into the blood stream lead to highly specific anti-ferments. To take an example of this, trypsin injected into the blood stream causes anti-trypsin to be formed. The hormones have been partly identified ; for instance, carbon dioxide the hormone for the respiratory organs ; erepsin for pancreatic secretion, and they are identical, some throughout the animal and others throughout the vegetable kingdom. Some act through their ions—as in the case of the acids, others, as adrenalin and erepsin, do so specifically in a way we cannot really explain.

It is now known that the various organs are very individualistic as regards their chemical structure. If we inject into animals bruised nervous tissue, kidney, spermatozoa, or blood corpuscles, we obtain specifically neuro-toxins, nephro-toxins, &c., which proves that each of these formations must have a chemical structure of its own. This, of course, has been assumed for a long time, but was not proved until recently. The last few years has brought us additional proof that organ function is reposed in the innermost structure of the cell. Thus, Carrell has shown that a tiny speck, the size of a pin's head, from the heart of a chicken embryo, if kept in gelatin, begins to proliferate and grow, and then, after ten or twelve days, resumes its pulsations with the exact number of beats per minute as are characteristic for the embryo from which it was taken.

I would here draw your attention to the fundamental significance of these observations. The fact that each

organ and set of cells has its own individual chemical constitution or bio-chemical structure explains some of the peculiarities of drug action.

Thus, it is well-known that certain drugs have a special affinity for one or another organ of the body. This fact usually stands out as a very prominent feature in drug-provings; and it is just possible that this affinity may be due to the homology existing between the chemical composition of the drug and that of cells of the organ for which it shows this affinity. Later on, when dealing with the bio-chemical work of McDonagh in syphilis, I shall have occasion to mention that he partly bases his theory of immunisation upon such an homology between the chemical conformation of the syphilitic organism and that of the protein particles in the host's blood serum. I think we may rightly say that drug action is in close relation to the chemical affinities of the various organs, which affinities in their turn depend upon the chemical composition of the individual cells of the organs, and that from this standpoint we find a justification in the use of drugs.

Whilst recognising this rigid individuality of the bio-chemical composition of the various organs, we must not overlook the possible existence of individual differences in the human family. People differ, the organic cells of each person differ in their response to poisons or drug action. Monkeys, though possessing identically the same hormones and enzymes as man, and, objectively, the same protoplasm, can yet take with impunity as many *nux vomica* seeds as would destroy several members of the human family; and practitioners of Homœopathy well know from practical experience that the susceptibility of patients to the same dose of a drug may vary within very wide limits. It is being more and more recognised that the most subtle differences exist between the tissue proteins of individuals of a species, and these differences probably influence both the psychological action of our nervous system, and the physiological type of our bodies. Professor Richet states that it is certain* "that there

* "Ancient Humourism and Modern Humourism," *B.M.J.*, Oct. 1910.

exist in our humours innumerable substances, in infinitesimal and imponderable quantities, which, in spite of their minute proportion, play a considerable part in biological phenomena ; which, moreover, being in different proportions in each person, give to the fluids or tissues of every individual a personal character, which differentiates him from all the other individuals of his own species."

It is probable, also, that from time to time changes take place in our individual make up. External influences and environment are probably responsible for some of these ; moreover, an increase or diminution of one or other internal secretion may be the factor. We have it on the authority of Professor Richet that the blood and tissues of a person vaccinated ten years ago differ from the blood and other body fluids of a non-vaccinated person, and that every illness, and every intoxication, has caused the formation, possibly the destruction, of a certain substance in the blood, and has left its natural trace, a trace which is not effaced by years. For just as there is a psychological memory, facts that are present in the consciousness, so there is what may be called a humoral memory, a memory of the blood or the tissues, of all the previous toxin invasions.

To us as homœopaths there is nothing new in this idea. Hahnemann's theory of the miasms was based upon the same line of argument, and we have always contended that the effects of drugs taken into the body are much longer lasting than is usually believed to be the case.

I think I am right in saying that our School has always taken into account the various susceptibilities of their patients. It is one of our leading principles that temperament, diathesis, dyscrasia and idiosyncrasy should be taken into account both in the treatment of disease, and the choice of a drug. But it seems to me that though these terms connote certain bodily qualities and conditions they are too ill-defined and inexact for really satisfactory work ; may not these conditions be due to these very differences in the protoplasmic build of individuals ? I would suggest

this as an interesting field of research, and one that might lead to some very brilliant discoveries.

There is good reason for assuming, as my colleague, Dr. Burford, has pointed out, that some bodily states which have been classed as temperaments are directly due to excess, or lack, of one or other internal secretion. He has shown that an individual may, in youth or early adult life, give indications of increased thyroid secretion, following upon this, with abeyance of the hyperthyroidism, the pituitary gland may be in the ascendant; a state of affairs leading to an entire temperamental change.

Then, again, the type of organisation and function of the viscera are often correlated with a particular morphological development, which may exert an influence on any morbid processes. The type and shape of the chest in relation to the proclivity to consumption, the presence of an overgrowth of downy hair related to the tendency to surgical tuberculosis are well-known instances in point. The relationship of the morphology of the body to the practice of medicine has been overlooked and probably much underated. Professor Giovanni, of Padua, states that to the morphological condition corresponds a chemical one which now can be sought for to explain morphological facts, it being not only one of the most subtle, but also one of the most active factors in morbid dispositions. This is a very important deduction; and, if it be true that a particular bodily conformation is correlated with a certain combination of the constituent chemical elements, we may possibly here find a clue to the solution of the many problems connected with the body's response to drugs and dietetic measures. I am inclined to think that that very astute and philosophic physician, Von Grauvogel, who wrote a treatise on Homœopathy some fifty years ago, had a true scientific basis for his theory of the three constitutions—to wit—the Oxygenoid, the Hydrogenoid, and the Carbo-nitrogenoid, and that had he lived in the present day he might not only have improved his terminology, but considerably clarified his exposition of these constitutional states.

Dr. Philip Rice, in his presidential address before the Californian State Homœopathic Medical Society, dealt with this subject of morphology in relationship with prescribing. He considers that a prosecution of this study will throw light on the many phases of drug action, amongst others, upon the reason for variation in susceptibility to a given drug in a number of persons; a susceptibility which has been long recognised, but has hitherto not been accounted for. He records that a test was made with Bryonia on ten medical students, which showed that only three reacted to the influence of the drug, and that they had a certain type of bodily confirmation. There were noted, more particularly amongst other conditions, an abdominal development which was excessive in the upper portion; which showed a larger measurement over the right hypochondrium; a dominant motive or muscular apparatus; and a venous circulation overshadowing the arterial.

These conclusions seem to me to offer valuable suggestions for a line of research. What we greatly need is to enlarge the truly scientific basis of prescribing, extending the knowledge of the indications beyond the field of the mere symptomatology into that of the facts investigated in the individual organic conditions, not neglecting the light afforded by general and special morphology.

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In modern medicine, the difference between the action of drugs, and the so-called spontaneous recovery effected by the products manufactured by the organisms, such as takes place in natural immunisation, is fairly clear.

In the latter case these defensive products issue into the circulation more or less continuously, and reach their place of action by various ways; whilst the drug may act either directly as a specific upon the pathogenic cause, or else may stimulate the production in the organism of bio-chemical defensive substances.

The laboratory which elaborates these latter substances is located in the glands, open and ductless, and in glandular organs.

It was supposed that the means by which these

defensive products are conveyed to the parts affected is by simple dialysis into the blood and lymph, and from thence to the site of the disease. Later researches, however, clearly show that far from being a mere mechanical work, it is one that depends on vital activity of the tissues.

Metchnikoff's theory of phagocytosis opened up only a part of the new ground. The investigations of Goltman, Ehrlich, and Pinkus have rendered it highly probable that enzymes, drugs, and other chemical active substances, are conveyed to their places of activity by special ovoid cells, to which the term histiocyte has been applied. The origin of these bodies is most probably in the red bone marrow and spleen.

One of the best and most dramatic examples of their operation, is the distant action of copper on suppuration. If septic suppuration is produced in a rabbit, and copper compounds are administered (one of the best being copper saccharate), the copper will be drawn from the entire organism to the place of suppuration. In most instances eighty per cent. to ninety per cent. of the whole quantity of the copper incorporated and retained in the organism was found to have accumulated within and around the area of suppuration. In the case of rabbits the cure of the suppuration appears to be very rapid.

If the suppuration is non-septic ; for instance, that produced by a seton of silk thread soaked in nitrate of silver, the cure of the inflammation is much more protracted, and, characteristically enough, the area of inflammation showed but little more of copper than the rest of the body. If, however, in this latter case, substances are injected which are known to act upon the blood-forming organs, such as turpentine, the nucleates, etc., the copper is found to begin accumulating in the area of inflammation, and the cure proceeds with rapidity, which indicates that at first the carriers of the metal were absent, but were called out by the action of the injected substances.

These experiments leave the impression that for the action of drugs, in infective processes, two factors

are necessary ; the one, the chemical effect of the drug upon the invading element ; the other, the carrier-histiocyte—or perhaps some other cells, which convey the active substance to the place of action.

This may explain why drug action, quite effective in one case, will fail in another ; the drug may fail to reach the place of action at all, or it is not carried there with sufficient expedition, or that it circulates too long in the body without being taken up by the carriers. It might also explain the influence of moods, of worry, of joy, of faith, of the personal influence of the doctor, upon the success or failure of treatment, for it is scarcely possible to eliminate the action of the nervous system in this series of phenomena, however, indirect such action may be.

We can, however, see what a field this opens for rational dietetic regulations, combined with drug treatment with minimum doses, both for coaxing the carriers out of their places of origin and the direct action on the infecting-organism.

It is at this point that we can perhaps best trace out the difference between, and strike a balance, of the relative values of homœopathic and allopathic practice. Let us take Quinine as an example. When this drug is given in an ordinary allopathic dose, it *may* kill all the malarial parasites in the body. If this happens, well and good ; provided, of course, that the body recovers from any immediate ill-effects produced by the Quinine as a poison. This would be a cure upon old School lines. If, however, all the parasites are not killed, surely the patient's last state will be worse than his first ? For he has still left in him some of the morbid elements of the disease ready to work their own sweet will upon his body, and, withal, a body, owing to the depressing effects of the Quinine, less able to withstand the attacks of the invading parasite.

Given homœopathically, the Quinine is in too small a quantity to do harm, but the body is stimulated to action, and the resisting powers of the body called forth to a greater effort by the specific effort of the drug.

Viewing the problem in this light, we are justified in saying that Homœopathy does not aim at curing

so much as encouraging cure, whereas allopathy endeavours to cure without encouraging the cure. I have seen it put in another way, perhaps more felicitously, by defining the one as curing disease by restoring the health, as against restoring the health by overcoming disease.

I am aware that by taking Quinine as an illustration, I lay myself open to the criticism that, given on the homœopathic principle, we have no grounds for stating that it acts by stimulating the body to greater efforts of vital resistance ; and I am aware that, in defence of the position taken up, we can only bring forward the evidence of provings on the healthy body, and the conclusions to be drawn from its effects when administered in small doses in disease, and the collateral evidence of the curative effect of other drugs whose provings show them to be related to the symptoms of malaria. It is, however, very significant that evidence is not wanting to show that grave doubts are springing up in the allopathic ranks as to the prophylactic effect of Quinine in full doses, as well as of its parasitidal action in the acute stages of the disease.

✓ In support of this statement I will quote some remark made by Sir Ronald Ross* during a discussion on the war experience of Malaria, which took place in London recently. He said ; “ Regarding the prevention of malaria, there has been a very general consensus of opinion that the administration of Quinine, even in doses of twenty grains daily, to healthy persons, with a view to preventing their becoming infected, has been largely a failure. Many medical officers think also that so-called Quinine prophylaxis renders infections more difficult to treat when they occur.” And again : “ I am not at all sure that Quinine acts at all as a direct poison to the parasite, but am inclined to suggest, though merely as a working hypothesis, that the drug only stimulates some natural anti-body which destroys the parasite.”

The *Lancet*, also in a leading article, says that the parasitidal action of Quinine cannot be the sole

* *British Medical Journal*, May 3rd, 1919, p. 558.

explanation of its power to relieve malaria, and that body reaction of the drug, enhancing natural processes of immunisation must be considered.

I think that comment is unnecessary beyond saying that the latter is the action which homœopaths have always claimed for Quinine.

In dealing with the parasiticial action of drugs, one cannot afford to overlook the recent work of McDonagh on the effects of metallic and metalloid substances on the organisms of syphilis and other venereal diseases. It is only right, however, to say that his conclusions have excited a considerable amount of adverse criticism, but it is doubtful whether his facts have been disproved, and some of his inferences are so highly suggestive that we may well spend a short time over their consideration.

According to his results, it would appear that the ordinary processes of oxidation and reduction which are constantly taking place in the body, and which are necessary for the maintenance of life itself, play an important rôle in defending the organism against the attacks of infective disease.

To deal with this subject as its importance merits, would lead us into technical details of considerable complexity, such as would be altogether beyond the scope of my address. I must, therefore, attempt to give an epitome of his work.

First, it should be remembered that in the normal healthy condition, the oxidation processes taking place in the body, or, as it has been termed, the oxidase system, is produced by the action of a ferment (called a peroxidase) on a peroxide. This ferment has been proved to be a metal in the form of a hydroxide. McDonagh considers it to be protein hydroxide of iron, and it exists in the colloidal protein particles of the blood stream.

The reduction process, or reductase system, is not so well understood, but it is probably also actuated by a ferment which contains molecules of a sulphydryl group, having di-sulphide ions, and it is these sulphur ions which produce the peroxide required for the oxidation process.

McDonagh considers that the destruction of bacteria is a surface action between them and the colloidal protein particles in the blood stream. It is an action of neutralisation, and may be looked upon as an effort on the part of the protein particles to deprive the parasites of the oxygen necessary to their existence.

Most metals, when injected into the system, act as catalysts, and by a process of oxidation, but the reason why Salvarsan has such a prompt action on the spirochete of syphilis is due to its molecular constitution. It is arsenic in combination with the amino groups, and these enable the drug to be readily adsorbed so that the arsenic is able to exert its action to the full. Furthermore, in syphilis there are more colloidal protein particles in the serum than in any other disease, so that more Salvarsan molecules can be adsorbed and thus exert a wider influence. In addition to this, adsorption is the greater the higher the molecular weight of the substance, a fact which accounts for the greater activity of arsenic as well as of mercury.

The oxidation by which the protein particles overcome the bacteria, cannot be carried on without the free supply of a peroxide which is caused by the action of the sulphur ions. When the disease becomes chronic, the peroxide has to a large extent been used up, and more is required. To meet this want, McDonagh is in the habit of introducing more sulphur into the system which he does by means of an organic sulphur compound called intramine. This produces the necessary peroxide and the oxidation process then can go on, especially if more metallic substances are administered to act as catalysts. On these principles he affirms that in the acute and subacute stages, oxidising or metallic drugs (arsenic, mercury, etc.) are most useful ; and in the chronic affection, reducing or metalloid substances (sulphur and iodine) are called for.

It will be seen from what I have said, that McDonagh claims no specific action from the arsenic or mercury. Their therapeutic effect is by virtue of the oxidising power they possess when in contact with bacteria, and he considers that most other metals would produce similar results if they could be introduced with safety.

He has used copper and manganese with success, selecting them on the principle that the former is the normal oxidising substance in the blood of invertebrates and the latter plays the same part in the fluids of plants.

For boils and other staphylococcal infections he has used colloidal manganese, which proved very efficacious; whilst colloidal antimony, especially if combined with the manganese, was found to have a greater effect upon the gonococcus.

It is important to add that McDonagh considers that no drug attacks the organisms "in corpore" in a direct manner, but that it does so by stimulating and accelerating the normal oxidising and reducing action of the protein particles in the serum which in their chemical molecular configuration are as nearly as possible homologous to the protein particles of the parasites themselves.

It is interesting to note that he warns against the administration of too large doses of the metals, and states that these send many of the protein particles of the serum into solution, in which form they cannot carry on their protective functions. It can be readily understood that for this reason an overdose will produce an aggravation of the disease. The negative phase seen in vaccine treatment he considers to be due to the same cause, and he has often noticed that patients whose symptoms have been aggravated by large doses of the metal, respond by improvement when smaller doses are given, or after administration of the sulphur compound.

It must be admitted that many of his conclusions will need a good deal more support than is given by his facts before they will be widely accepted, and criticism is not difficult when such a complex subject is under discussion. What one most feels, however, is that such work as has been done merits a high measure of praise, and so far as the interest which his investigations bear for our own method of practice, I think the situation has been well summed up by Dr. Wheeler in a recent article in the HOMŒOPATHIC WORLD, where he says "McDonagh aims, in a sense, at direct drug action

whilst we only attempt an indirect one, yet he too knows, as well as we, that it is only through the pre-arranged body mechanism of resistance that he **can** give aid. Is it not conceivable that this mechanism is susceptible of response to smaller quantities than McDonagh has believed possible ? ”

Conceivable, yes : and highly probable. Many facts exist which prove the wide reaching effects of substances administered in infinitesimal quantities.

I will draw your attention to two examples culled from allopathic sources. First, let Dr. Alfred Robin, of Paris speak. He experimented with minute amounts of gold, silver, and platinum and showed that minute doses possessed great activity, both from a physiological as well as a therapeutic point of view. He found that the administration of gold in an amount equal to our fifth centesimal dilution ; that is, one in ten thousand million, the following effects were observed :*

- 1st.—An increase of the excretion of urea, which may rise to as much as thirty per cent.
- 2nd.—An increase of uric acid which may rise to three times the initial quantity.
- 3rd.—A marked flush of urinary indoxyl.
- 4th.—A decrease in the quantity of total oxygen consumed.
- 5th.—A temporary raising of arterial tension.
- 6th.—A profound modification of the blood cells ; an injection being followed after several hours by a manifest leucocytosis, slight in a healthy person, intense in infective diseases usually associated with leucocytosis.

According to Robin, these results demonstrate the possibility of assimilating metals in extremely dilute solution, and that their action is similar to that of the organic enzymes. “ In the above mentioned solution,” he says, “ the atoms of the metal separated as widely as possible, are, as it were, liberated, autonomous in their activity, and susceptible of developing greater energy.” It is not difficult to conceive that these simple bodies, even in infinitesimal doses, are capable

* Quoted from *An Exposition of the Homœopathic Law of Cure*. by Dr. D. N. Ray, Calcutta.

of influencing the chemical reactions of elementary nutrition.

After referring to the results obtained by the use of gold in minute doses in pneumonia, which he claims in six out of ten cases produced a crisis in six days, Robin draws the following conclusions from his experiments :

- 1st.—That metal in extreme subdivision are capable of remarkable physiological action, out of all proportion to the amount of metal used.
- 2nd.—That such metals, acting in doses which therapeutics considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life whose deviations are connected with many morbid conditions, are probably destined to take an important place in the rôle of therapeutics.

Such is Dr. Robin's testimony. Now let me quote the remarks of Solis-Cohen in the *New York Medical Journal* of August 9th, 1913. He gives the reports of cases, and refers to many authorities using one-billionth of a milligram of tuberculin by the mouth (this would stand between our eleventh and twelfth X dilution). He says :

" All the children (twenty cases) improved markedly. Their appetites became enormous. In some instances the effective dose of one hundred millionth of a milligram would maintain its action for only five days or a week, the temperature rising again." He goes on to say : " I also remarked in some an intellectual stimulation, an improvement in mental activity. One child in particular, who for months had been morose and sullen, became talkative and smiled after being put on one hundred millionth of a milligram every five days."

I have chosen these two instances as they show us that, in the one case, a metallic, and, in the other, an organic substance will produce physiological changes, and therapeutic action, when administered in doses which are probably smaller even than those used by the majority of homœopaths in this country.

But, after all, the law of similars is not entirely dependent on the matter of dose. It is a question of the similarity of the symptoms produced by a drug on healthy provers to those manifested by the disease, and the specificity of the drug to the organs involved. In both of these fundamental points we find the views and practice of the old school, especially in the case of vaccine therapy, approaching our own point of view. Furthermore, we see them gradually taking up the standpoint, which was so much insisted on by Hahnemann, that the aim of therapy should be to stimulate the protective and healing mechanism of the body in order that a true cure should result. This we believe to be the method of every rational mode of healing, and it is along these lines that we shall best bring back health to ailing humanity, and conform to the old maxim of curing "cito, tuto, et jucunde."

A NOTABLE ADVANCE IN HEALTH ADMINISTRATION.*

BY MR. H. G. PURCHASE, LL.B., M.P.

IF there is one characteristic which differentiates science from all other departments of thought it is the untracked area which remains for some audacious explorer to develop. Not only in the effort to battle with current problems but in the attempt to project oneself in advance of one's time for the purpose of anticipating methods of treatment of old as well as of new questions under dimly appreciated conditions is a matter of considerable complexity demanding extreme sympathy. Added to this there is the ever-recurring disheartening feeling of inability to deal with some problems handed down to us by our ancestors as being beyond solution, and in this respect one has only to mention tuberculosis, which kills 60,000 people a year in this country, or cancer, to point a moral which has the saving grace of being obvious and adorn a tale which has often been told. If, as an outsider, I may be so bold as to hazard an opinion it is to give expression to the belief that in that warfare there is no respite, and

* Read at the Annual Congress.

that an untiring, ceaseless watchfulness is the penalty and guerdon of those who consecrate themselves to the service of mankind as the handmaidens of science and of the healing science in particular.

The connection between science and politics is at first sight so slight as almost to require explanation, but when the matter is examined in the light of the knowledge which has been brought to us by the shattering experiences of the great maelstrom of war through which we have just passed, the need for elaboration of this matter passes away, and there is revealed to the acolyte at the altar of political theory in the light of a common service, the necessity for reforming the laws of a country and introducing new measures in order that the task of the pioneer in the elevating science of medicine may have his operations lightened, and be encouraged by the consciousness that he has not primarily to engage in the toilsome labour of clearing away that atmosphere of suspicion, mistrust, misconception and want of co-operation, which in the past existed between the medical faculty and those parties in the State who were responsible for the administration of services which affected the health of the community.

The State has shown itself fully and commendably alive to the importance of the situation, and one of the first of the great remedial measures having for their object the reconstruction of England was the Ministry of Health Act, which aims at the prevention of that confusion which arises from numerous bodies overlapping, and also aims at securing a single authority as responsible for Public Health. Before the Act, the whole matter was dealt with in a very haphazard fashion by no less than 1,800 local authorities besides various Ministries. It will, I think, be freely admitted that to bring about such a co-ordination and centralisation was a notable advance, and what is more, the better organisation, administration and improvement of the Health services throughout the country will be rendered much easier. Powers relating to public Health which hitherto have been held by the various

Ministries have been amalgamated under the Ministry of Health, which has the power to deal not only with actual medical services but also with preventive services. Its scope has the breadth of a generous measure and its outlook is beneficent in the extreme. It has in charge of it a Minister who embodies the spirit of conciliation, who appreciates to the full the difficulties of the medical faculty, and at the same time is animated by a consuming zeal for the improvement of public health.

Take one matter which has an extremely important bearing upon the health and happiness of the people. The Ministry is concerned with a highly technical measure in the Housing Act which will entail a considerable cost upon the country, but which should bring about such an improvement in the conditions under which the people of these islands live that certain diseases should be diminished, which depend upon unhealthy surroundings such as the unsightly slums which disfigure so many of our great cities.

Foul slums, insanitary surroundings, crowded workshops, and factories, are breeding grounds for epidemics, debilitated condition, apathetic disposition and loss of initiative. I may not be adducing a conclusive argument, for to the scientist the obvious answer of the climatic conditions may be the rebutting contention, but it is significant to notice that in the recent epidemic of influenza it became a greater and more widespread scourge in such countries as South Africa and India, where the health conditions of life and habitation are of a much lower description.

One portion of the Bill which was the scene of perhaps the fiercest fight in Committee was that which provided in Sec. 4 for a series of Consultative Councils for the purpose of giving advice and assistance to the Minister and so keeping him in touch with medical ideas and public opinion ; whilst another important department is the development of general powers for the initiation and direction of research which is an extension of the somewhat limited powers which were in the hands of Sir Edwin Cornwall as Chairman of the National Health Insurance Joint Committee.

According to Sir George Newman, the old Research Authority has done excellent work and there is every indication that it will be entirely creditable to the foresight of the promoters of this scheme for the application of the scientific method. It has grappled with such problems as tuberculosis, for which purpose the Finance Act of 1911 allocated a sum of £1,500,000 for providing sanatoria, etc. Rickets in the child, disabling diseases of the heart and nervous system, the purity of the milk supply and industrial diseases have been specially considered by this Research Committee; and during the war it took control of the Army Medical statistics, investigated new war diseases such as trench fever and trench foot, gas poisoning and gas gangrene, cerebro-spinal fever and paratyphoid fever, functional nervous maladies, and the best methods of antiseptics as well as the fighting of trinitrotoluene poisoning.

This Research Committee has been transferred to the Privy Council which was already responsible for Industrial and Scientific Research, and although this arrangement has been freely criticised it is naturally to be anticipated that such a body will impart an **atmosphere** of detachment from politics and administration, and in consequence the interests of purely scientific investigations are likely to be kept well in the foreground. The Research Committee under this Act will also advise and assist other Ministerial departments which possess their own Research staff. The Minister is concerned with the prevention and cure of diseases, the avoidance of fraud in connection with alleged remedies; he has charge of problems connected with consumption, venereal disease, the protection of infant life, and the culture of mothercraft. He takes to his own person the powers and duties hitherto exercised by the Local Government Board, the Insurance Commissioners, those powers belonging to the Board of Education which are concerned with mothercraft, Medical inspection and treatment, and of the Privy Council under the Midwives Acts together with certain Home Office powers. The scope of his powers and duties may be understood when it is realised that he is permitted to take over other duties which may affect

the health of the people, and in the event of the present Poor Law system being revised, it will be the Minister of Health who will have the first claim to have such powers transferred to his control.

I do not think I have used the language of exaggeration in entitling this as a notable advance in the history of Health Administration, and the fact that we have gone so far makes it difficult for us to realise that this history only covers half a century, for it was so recent as 1848 that the first Public Health Act was passed. As Sir Malcolm Morris contends there are two impulses which originated this excellent movement, one is the scientific instinct and the other is that spirit which has been known by different names such as, the new moral enthusiasm, new philanthropy, new humanity, and coming down to our times in terms of militarism, the making of an A1 Empire from an A1 people. If we glance at Green's *History of the English People* we shall find that the religious revival of 1729, which was known as the Methodist Movement, desired "to remedy the guilt, the ignorance, the physical suffering, the social degradation of the profligate and the poor." We pass on admiring the wondrous zeal for the oppressed which called forth John Howard's prison reform crusade, and we are caught by the irresistible wave of enthusiasm rolling from the magnificent periods and indignant philippics of Burke and Fox against "man's inhumanity to man." By the influence of William Tuke and Dr. John Conolly, humane treatment of the insane was introduced, whilst Clarkson and Wilberforce carry on a campaign which has made their names revered by countless thousands. One has no time to show how the spirit of this new humanity inspired men who gave of their best so that the penal code might be brought into conformity with the times, and deprived of a brutal harshness which had ceased to have the compensatory advantage of being deterrent in its effect.

(To be continued).

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH SEPTEMBER TO 15TH
OCTOBER, 1919.

GENERAL FUND.

Subscriptions.

	£	s.	d.
Dr. Croucher	1	1	0
Dr. C. Granville Hey	1	1	0
W. Wilkinson, Esq.	10	6	

SUBSCRIPTIONS AND DONATIONS IN RESPONSE TO
SPECIAL APPEAL, RECEIVED FROM 16TH SEPTEMBER
TO 15TH OCTOBER.

	<i>Subscriptions.</i>			<i>Donations.</i>			<i>Total.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
Mrs. Thurgood				10	0		10	0	
Dr. T. Simpson	1	1	0				1	1	0
Dr. Leo Rowse	1	1	0				1	1	0
E. Ford Duncanson, Esq.	2	2	0				2	2	0
C. T. Thompson, Esq.	1	1	0				1	1	0
W. Cogan, Esq.	1	1	0				1	1	0
Mrs. George Smith				5	0	0	5	0	0
W. Biggs, Esq.		10	6				10	6	
F. Fleetwood Paul, Esq.				5	0		5	0	
Mrs. Parker				2	0		2	0	
P. Howden, Esq.		10	0				10	0	
R. Calder, Esq.		10	0				10	0	
Miss I. R. Millar		10	0				10	0	
C. M. Robb, Esq.		5	0				5	0	
Mrs. Dharam		7	6				7	6	
Mrs. Bowers	1	1	0				1	1	0
Mrs. Bond		10	6				10	6	
Miss Howell				2	6		2	6	
J. G. Godeard, Esq.				10	6		10	6	
Per Dr. H. J. W. Barlee				1	10	0	1	10	0
Total to 15th October	£10	10	6	£8	0	0	£18	10	6

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 14th October.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 15th October.

COMPTON-BURNETT FUND.

The lecture given under the auspices of the Association to inaugurate the Educational Courses of the Winter Session, was delivered at the London Homœopathic Hospital, on October 9th, by Dr. H. Fergie Woods, of London, under the title of "The Inevitableness of Homœopathy." Mr. W. Lee Mathews (in the unavoidable absence of Mr. R. H. Caird) was in the chair.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE inaugural meeting of the new session was held on October 16th at the London Homœopathic Hospital. There was a good rally of members to welcome Dr. E. A. Neatby, the new president. After the preliminary business the President delivered his address, which was a full account of profound interest of the history of the Society. It was illustrated with lantern slides and was heard with deep appreciation. At its close Dr. Frank Shaw proposed a vote of thanks which was seconded by Mr. Dudley Wright and supported by Dr. Cronin and most enthusiastically carried.

Subsequently the President entertained the Society to dinner at the Connaught Rooms. A good number availed themselves of the generous hospitality and a most delightful time of good fellowship resulted. It was felt on all hands that the session had made a very satisfactory beginning.

EXTRACT.

IODIDES AND THE THYROID.*

BY FRED RANSOM, M.D. EDIN.

(*Reader in Pharmacology in the University of London.*)

THE specific relationship between the thyroid gland and iodine was first pointed out by Baumann, who discovered that the normal thyroid contains a con-

* From *The Lancet*, with full acknowledgments. Abstract of a post-graduate lecture delivered at the London (R.F.H.) School of Medicine for Women.

siderable amount of iodine in organic combination. Iodine is a frequent constituent of cells generally, but the thyroid contains relatively eight to ten times more than any other organ.

Baumann obtained from the thyroid by a somewhat drastic means a substance which he believed to be the active principle called iodothyryn, and looking upon it as the cause of the remarkable effects upon metabolism. Oswald has, however, shown that iodothyryn is an artificial product, and that its mother substance is an iodised protein, iodothyeoglobulin, from which iodothyryn can only be obtained by breaking up the protein molecule.

An extract from the gland made with physiological salt solution contains all the iodine-containing substance, and gives relief in hypothyroidism; but so do various organic and inorganic preparations of iodine, though to a less degree.

CONSIDERATIONS AS TO THE ACTIVE PRINCIPLE OF THE GLAND.

Are we, then, entitled to consider that iodine is the active principle of the gland? This theory has been advocated by Swingle, who considers that the iodine plays the part of an hormone, but before accepting it certain points require consideration; the presence of iodine in the thyroid is no proof that the activity of the organ is dependent upon its iodine-content, for one function of the thyroid may be to absorb iodine, another to provide a specific internal secretion. Even the fact that iodine is specifically absorbed by the thyroid, and perhaps stimulates secretion, does not prove that iodothyeoglobulin constitutes the internal secretion of the gland. Carlson and Woelfel failed to find iodine in the lymph flowing out of the thyroid. Moreover, the iodine-content of the thyroid is subject to much variation and is greatly influenced by the amount of iodine in the food. The thyroid of carnivora contains little or even no iodine; the amount of iodine is greatest in herbivora, omnivora take a middle place. The thyroid of dogs can be made iodine free by feeding on an exclusively flesh diet, and still the functions of the

gland remain unimpaired. The foetal thyroid and the thyroids of newly born infants contain no iodine, yet in sucking animals thyroidectomy, after removal from the mother, produces its characteristic effects.

The iodine-content of the human thyroid is very variable ; Jolin, in extensive investigations in Sweden, found these variations so great that he regards the iodine as of quite secondary importance ; he was also unable to detect any connection between iodine-content and health. Abelin found that a thyroid extract containing much iodine did not differ in activity from one containing little. During the administration of an iodide the iodine-content of the gland may rise to four or five times the average normal, and yet in the treatment of cretinism or myxœdema iodides are not so successful as is the taking of the gland itself. In view of these facts it appears at least improbable that the iodine plays an important primary rôle in the activity of the internal secretion of the thyroid.

Is, then, the active principle likely to be a protein ? There are several facts which tell against such a hypothesis. Abderhalden and also Herzfeld and Klinger got characteristic effects with protein-free extracts of thyroid. Abelin found that thyreoglandol, a protein and lipoid-free preparation, has the same effect on metabolism as the gland itself ; indeed, the efficacy of the per os treatment with the dried gland would seem to indicate that the active principle is not a protein. An iodised protein which v. Fuerth employed was split up in the cat's intestine so that iodine appeared in the cells of the gut wall and in the blood, not as iodised albumin or peptone, but in inorganic form. Abelin considers it likely that the active principle of the thyroid is formed from protein in the cell metabolism of the gland, much as adrenalin arises from the protein of the adrenals. The investigations of Kendall go a long way to confirm this opinion, for he has obtained from thyroid a crystalline body of definite chemical constitution to which he gives the name thyroxin. It is an indol derivative, trihydro-triiodo-a-oxyindol-propionic acid, and Janney, who has clinical experience in the use of Kendall's preparation,

considers that it is an hormone possessing the functions ascribed to the thyroid secretion. Kendall does not think that the iodine is of primary importance, and hence the omission of any reference to it in the name which he has given to his preparation.

AN APPARENT PARADOX.

There is, then, considerable probability that the active principle of the thyroid is a breakdown product of protein which may be, but is not, necessarily iodised. Iodine, if present, has apparently no direct effect upon the activity of the internal secretion, and yet there is no doubt that when that activity is diminished it can often be restored to a certain extent by administration of iodides. Is there any explanation of the apparent paradox?

Jobling and Petersen have shown that unsaturated fatty acids have a powerful effect in inhibiting autolysis, but that in presence of iodine these acids on becoming saturated lose their inhibitory effect, so that the ferments causing autolysis are free to act. We have seen that the active principle of the thyroid is probably produced by the breakdown of protein in the gland—i.e., by autolysis. This process would, according to Jobling and Petersen, be facilitated by the presence of iodine in the gland, because the inhibitory effect of unsaturated fatty acids in the blood would be diminished or done away with owing to their saturation with iodine.

Inefficiency of the thyroid secretion might conceivably depend upon an excess of unsaturated fatty acids in the blood checking the autolysis by which the thyroid secretion is formed, and in such cases the administration of iodides would be effective by promoting the saturation of the acids. If the inefficiency of the thyroid were due to destruction or removal of part of the gland, the activity of the remainder might well be increased by iodides which are specifically taken up by the gland, and would there favour the characteristic autolysis by checking inhibition.

Possibly the curative action of iodides in tertiary syphilis may be explained by the thyroid effect of the

drug in thus favouring an increase in the active secretion passed into the blood, and so facilitating the absorption of lowly organised tissues such as gummata, &c. The same would apply to the use of iodides in the treatment of enlarged lymphatic glands.

If the above premises are correct they suggest that tertiary syphilis might be at least as successfully treated with thyroid as with iodides; indeed, one might anticipate a quicker result, and, moreover, there would be no fear of iodism.

SUMMARY.

The action of iodides in relieving a condition in which the thyroid secretion is deficient is due to two facts: (1) iodine is specifically absorbed by the gland; (2) the iodine in the gland in saturating the unsaturated fatty acids of the blood-supply favours the autolysis by which the active principle of the gland is produced.*

The efficacy of iodides in tertiary syphilis may be explained on these lines, and it is anticipated that tertiary syphilis may be successfully treated with thyroid.

CORRESPONDENCE.

THE QUESTION OF MACHINE MADE TABLETS OF HOMŒOPATHIC MEDICINES.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—Some years ago we drew the attention of the late Dr. Dyce Brown (then co-editor of the monthly *Homœopathic Review*) to the unsuitability of Machine Made Tablets of Homœopathic Medicines, and he wrote a very forcible article in that journal, condemnatory of those tablets. The salutary action of the article was very pronounced for a time and it is a great

* The usefulness of cod-liver oil in tuberculosis may be in part due to its high content of unsaturated fatty acids limiting to some extent the production of thyroid excretion, and so serving to prevent the absorption of the lowly organised tubercle tissue and the setting free of the bacillus.

pity that it has not been maintained, due in a great measure probably to the fact that the profession and the public have been so deeply absorbed in other matters during the last few years, that the method of the preparation of their medicines has been to a certain extent overlooked. The directions given for making these machine made tablets stipulate that the powder must first undergo a process of preparation including the admixture of Talc and Paroleine—"Talc!" with a delicate sensitive trituration like Natrum Muriaticum 200. Can anything be more inconsistent?

We send you herewith three samples of the tablets in distilled water.

No. 1. Contains 6 grains of Kali Phos 3 x tablets in 1-oz. of distilled water; these are our own hand-made tablets, and dissolve quite readily as they should do.

No. 2.—Contains 6 grains of Kali Phos 3x tablets in 1-oz of distilled water; these are machine made tablets purchased elsewhere, and after standing several hours there is a considerable insoluble deposit, altogether foreign to the medicine, and the supernatant liquid is quite cloudy.

No. 3.—Contains 6 grains of Natrum Mur 3x in 1 oz. of distilled water; these are machine-made tablets from another source, and after standing several hours there is also a considerable insoluble sediment, and the supernatant liquid is much more cloudy, due, we presume, to the presence of more Paroleine.

If you think, as we do, that this matter is of sufficient importance to bring before the homœopathic fraternity, professional and otherwise, will you kindly use your best judgment, either by inserting this letter in your journal, or by an expression of your own views in the manner you think most appropriate.

Yours faithfully,

LEATH AND ROSS.

pp. SEPTIMUS WALGATE.

We have inspected the samples sent and they bear out entirely Mr. Walgate's contention.—ED. H.W.]

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

- | | |
|---|---|
| <p>Beck (Joseph C.) and Frank (Ira). <i>Plastic Surgery of the Face, Head and Neck</i>. With 107 Stereoscope Demonstrations and 33 Case Reports. With Stereoscope. Cr. 8vo., in box. 35s.</p> <p>Brodie (C. Gordon). <i>Dissections Illustrated</i>. With plates drawn and lithographed by Percy Highly. Folio, pp. 146. 25s.</p> <p>Gruner (O. E.). <i>The Exact Diagnosis of Latent Cancer. An Inquiry into the True Significance of the morphological changes in the Blood</i>. Folio, pp. 86. n. 7s. 6d.</p> <p>Leavitt (Frederick E.). <i>The Operations of Obstetrics</i>. 8vo. n. 30s.</p> <p>MacCabe (Brevet Lieut.-Col. F. F.). <i>Human Life, and how it may be pro-</i></p> | <p><i>longed to 120 years</i>. Cr. 8vo., pp. 297. n. 6s.</p> <p>Medicine. Part I. "Catechism Series," 2nd edition. Cr. 8vo., pp. 414. n. 7s. 6d.</p> <p>Pryor (James Chambers). <i>Naval Hygiene</i>. 8vo., pp. 514. n. 12s. 6d.</p> <p>Rees (Ferdinand). <i>National Health: From Magic Mystery, and Medicine, to a National Health Service</i>. Cr. 8vo., pp. 68. n. 1s. 6d.</p> <p>Watson (J. A. S.). <i>Heredity</i>. Revised edition. 18mo., pp. 126. n. 1s. 3d.</p> <p>Webb-Johnson (C.). <i>Painless Child-birth and Twilight Sleep</i>. Foreword by Comyns Berkeley. 2nd edition. Cr. 8vo., pp. 187.</p> |
|---|---|

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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to **Dr. C. E. WHEELER,** 71, *Harley Street, W.1.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication

CORRESPONDENTS.

Dr. Goldbrough, London—Mr. Knox Shaw, London—Mr. Lee Mathews, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.

The Homœopathic World.

CONTENTS OF OCTOBER NUMBER.

The Coming Session.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS :

The Relation of Drugs to Immunity.
By S. B. Hooker, A.B., Ch.B., M.D.
Plumbum. By A. E. Hinsdale, M.D.

HOSPITALS AND DISPENSARIES :
Birmingham.

NOTIFICATIONS :
Dr. Borland.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED) :

Receipts from 16th August to 15th September, 1919.

Subscriptions and Donations in Response to Special Appeal.

The Royal Institute of Public Health,

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents.

Nov. 1, 1919.]

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THE
HOMŒOPATHIC WORLD.

DECEMBER 1, 1919.

1920.

It is well at the end of a year to look both back and forward. 1919 has been a year of anxiety and disappointment to much of the world; but at least it has been a year of promise for Homœopathy. Renewed activity on the part of every section of our body has both achieved something and given us hopes which sustained effort must convert into realities.

As regards 1920: the "HOMŒOPATHIC WORLD" will progress along the lines laid down in the past, giving a full and patient hearing to every variety of opinion, offering a fair field to friends and opponents alike.

In our issue that opens the year we begin the publication of a series of papers upon *Periodic Drug Disorders*. They are from the pen of the late Dr. LEOPOLD SALZER, whose name will be familiar to our professional readers, through his classical work upon cholera and its treatment by homœopathic methods. The forthcoming series will, we think, sustain the high reputation of the author for exact knowledge, and that capacity for taking infinite pains by which it is gained. Our public, however, may best form its own opinion regarding the merits and powers of LEOPOLD SALZER from a study of his works. We will only add for the benefit of those who seek to express, in some sort, their gratitude to one who has helped them, by taking a sympathetic interest in his career, that LEOPOLD SALZER died, more than a decade ago, in Calcutta.

He was then an old man—he was born in 1827—and had spent his life in the pursuit of his profession. After studying medicine in the hospitals and schools of Vienna, where the companion of his quarters, his poverty and his struggles was ARMINIUS VAMBERY, who later attained fame as an Orientalist and Asian traveller, SALZER practised in Egypt, then in Jaipur, and finally in Calcutta. Here he lived and worked—save for occasional visits to Europe—as a physician for more than thirty years, earning the gratitude and affection of a large circle of patients, both European and Indian. His works, some of which we hope to introduce as occasion may serve, to a wider public than any they have yet known, are the best monument to his memory.

“LEOPOLD SALZER, the man,” writes one who knew him long and intimately in his later years, “was the brightest, kindest spirit that ever lent a new meaning and charm to friendship. His range of information was extraordinary, his gift of exposition unequalled. Simple as a child, yet as a sage, profound; ascetic without sourness, unworldly without puritanism; untouched by hate or greed of gain, the very embodiment of conscience in all the affairs of life, he more nearly approached than any man whom my sixty years have met or of whom I have read, to the ideal summed up in the two words the ‘good physician.’”

NOTIFICATIONS.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

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DR. KYLE has commenced practice at *Underwood House*, 16, *Hornsey Lane, Highgate, N. 6*. Hours, 11-1 daily, 7.30-8.30 except Wednesday and Saturday, or by appointment. Tel: 1746 Hornsey.

NEWS AND NOTES.

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Wednesday, December 10th, 4 p.m., "Housing in Relation to Maternity and Child Welfare," by S. G. Moore, Esq., M.D. (Medical Officer of Health for Huddersfield); chairman: the Most Hon. the Marchioness of Aberdeen.

Wednesday, December 17th, 4 p.m., "Housing and the Slum Problem," by I. G. Gibbon, Esq., C.B.E., D.Sc. (Assistant Secretary, Ministry of Health); chairman: Sir Herbert E. Morgan, K.B.E. (Chairman of the Housing Propaganda Committee, Ministry of Health).

The above Course has been arranged in co-operation with the Housing Department of the Ministry of Health. The Course is intended primarily for Fellows and Members of the Royal Institute of Public Health. Medical Officers of Health, Medical Practitioners, Sanitarians and others engaged in Public Health and National Services are cordially invited to attend. Ladies are especially invited.

Further particulars of the Institute, etc., may be obtained on application to the Secretary, The Royal Institute of Public Health, 37, Russell Square, London, W.C.1. (Telephone: Museum 766.) It is hoped that a full abstract of each lecture will appear in the official organ of the Institute, *The Journal of State Medicine*, a copy of which is sent monthly to all Fellows and Members of the Institute.

E. W. HOPE & T. N. KELYNACK, *Hon. Secs.*

ORIGINAL COMMUNICATIONS.

FEDERATION OF INTERESTS IN THE
HOMŒOPATHIC BODY.*

By DR. E. A. NEATBY.

TWENTY-TWO years ago Dr. Madden's paper in the London Homœopathic Hospital Reports began with the words "Federations and Leagues among those who are working for the same objects, but at different centres, have become such an established feature of our national life." This "feature" is to-day incomparably more prominent, both for good and for evil than it was in 1897.

The idea of Dr. Madden and his colleagues on the Hospital Federation Council was only indirectly and secondarily national. Things have changed since then—especially during the last five years. About a fortnight ago Bishop Bury, whose diocese is Northern Europe, addressing a rural audience of which I was one, selected the words "Righteousness exalteth a nation," as his text. He said that in the future the nation would be more to us than ever before, pride in our nation and national ideals, solicitude for the nation's welfare and honour, and devoted service to develop and exalt its institutions, would be predominant sentiments in the body politic and in individuals.

In our concept of Federation of Hospitals to-day, the national sentiment must take the leading place, and national advancement be the leading motive. The advancement of Homœopathy and the federation of its various interests at the present day, will be a means to that end, rather than the glorification of a therapeutic cult. That latter object, in so far as it was put forward in the past as the chief aim of federation of our hospitals, failed to vitalise the Federation movement at that date, and would by itself, fail again to-day.

If the great war has taught us anything it has taught us the glory of self-sacrifice and the necessity

* Read to the Homœopathic Congress.

and privilege of sub-ordinating individual interests to the common good. This is the good side of federation.

If we are convinced that the spread of a knowledge of homœopathy is really for the good of the nation and the race, federation to strengthen our cause becomes possible. The inevitable price—individual effort and sacrifice of leisure and strength—becomes worth while. It is probable that failure on our part, as a body, to realise our importance as a national factor, may have accounted for the failure of the Federation effort. It is true to-day, as it never was before, that it is only by co-operation we can ever be a national factor of any importance. The perfection of our units and the union of them when perfected are both urgently called for. One reason why our efforts produced little else than committee meetings and talk, was that the energies of the moving spirit in those meetings became diverted, as the great idea of the British Homœopathic Association took shape in his mind.

Let me very briefly recapitulate the four leading points put forward twenty-one years ago, at a meeting of representatives of our homœopathic hospitals. They were :

1. Uniformity of recording cases.
2. Uniformity of reporting and publishing annual professional reports of all our hospitals.
3. Professional aid for the smaller hospitals by the larger.
4. Aid in establishing hospitals in new centres.

These remain conspicuously necessary to-day. I might add a fifth point, of recent development, namely, the need for the equipment of our larger institutions as recognised health centres for Tuberculosis, Antenatal treatment and Child-welfare, and Venereal diseases. Before they can hope for recognition, they must exist as going concerns.

About the time of one of our Congresses, there was published a pamphlet entitled "How not to do it," on a different subject. Before I sit down I want to state my opinion as to how not to set about federation to-day. Do not attempt to set up new and elaborate

federation machinery. Utilise existing agencies, thereby accomplishing your objects, and strengthening those agencies. New machinery with our present small numbers would weaken existing agencies and the cause of Homœopathy. If our brethren of provincial hospitals and of towns without hospitals will only recognise it, we have already an able, active, willing federating agency. It only awaits the co-operation of us all, country and London, to be not only willing, but powerful. I allude, of course, to the British Homœopathic Association—and mind you, it is a British Association, not a London one merely.

For all that pertains to the public work of federation, the Association is sufficient; and it is keen to be up and doing. For the strictly professional part of federation work the British Homœopathic Society should be appealed to. The formation of a Federation Section or Bureau by the Society could be easily arranged. I feel sure the Council would be willing to do its part, and I can speak for the hearty co-operation of the President, if a real desire to accomplish something is manifested by the staffs of our smaller hospitals.

I know it is difficult for many of our colleagues in town and country—especially the latter—to contemplate more work. When I see them still doing a weary round, in non-epidemic times, at 10 p.m., I feel stricken with reproach that I should have such an easy time and they so arduous a struggle to keep the flag flying and the “pot boiling.”

At the risk of seeming intrusive, I would venture to make two suggestions: the first is that most doctors might make greater use of lay help than they do. This is especially true as regards small hospitals, where note-taking, certain forms of routine examinations, collection of statistics, etc. (desirable for Federation purposes) can be done by an intelligent nurse or other layman, and which will remain undone if left to an isolated homœopathic practitioner.

My second suggestion is that in all towns where only one or two homœopaths are at work, serious attempts at the conversion of neighbours, or the introduction of new blood should be made.

But it all means real work, and if we do not intend to put our back into this matter of National Service by the Homœopathic body, we had better "fold up our tents like the Arabs, and silently steal away."

AN ADDRESS TO THE HOMŒOPATHIC
CONGRESS, 26TH SEPTEMBER, 1919.

By W. LEE MATHEWS.

It is not usual for a layman to open a debate at a professional gathering. I take it as an honour to be thus distinguished—an honour, I mean, paid to the British Homœopathic Association in my person, and I gladly avail myself of this means of making a few remarks on the public position as I see it, and its opportunities for homœopathy generally.

I propose to do this quite briefly.

First, may I make a personal statement. Naturally, I have no pretensions to speak as an expert on a matter of therapeutics, but as a very interested onlooker I venture to take this standpoint.

As I see it, homœopathy is concerned solely with drug therapeutics. This is but one concern in the wide field of medicine and surgery, but it is a concern largely neglected by the dominant school, who by their own confession have but few guiding rules and very little faith in them.

The law of homœopathy seems to me reasonable in the light of such little scientific knowledge as I possess, and as for its practice I notice that those who know most about it believe in it most, and that has great weight with me.

If homœopathy is a sound law, then clearly it is of great value to all patients. I speak as a possible patient, and if there is good in this practice I want that good. Being a citizen, I don't want that good lost for my fellow citizens. Consequently I am here as one interested in the endurance and spread of homœopathy.

Now how is homœopathy likely to be affected by possible new legislation? I don't myself imagine

that anything very drastic will be done very soon, if ever; but it is never too early to face possibilities, and never unwise to face them at their worst. The new health legislation *may* (I say distinctly *may*) lead to all but complete control of voluntary hospitals, and that control may take the form of interference in staff appointments, and this or other powers may be used in the case of Homœopathic Hospitals to weaken the unorthodox elements (which are those in which we are interested) and finally to eliminate them. That is putting the matter at its worst. I don't think it will happen, but it might conceivably happen.

A secondary difficulty is that inevitably the new legislation will cost money. That money will come from the taxpayer, and unfortunately the higher the taxes the less money is available for charity and incidentally for voluntary hospitals.

We have thus two dangers, a principal and a secondary. I will make suggestions for dealing with both.

It is a deplorable fact that we have not yet so arranged the world that right and justice can alone stand unaided against prejudice backed by power. Homœopathy is a minority faith, but if the minority is united into a compact whole it will be strong enough to make its just claims heard and considered.

Our first task, therefore, is to unite our forces. We must have a central body which stands for every homœopathic interest, and we must have every homœopathist a supporter of that body. We have a body in the shape of the British Homœopathic Association, but we have not the support. If there is anything about the B.H.A. that displeases any large number of our body then the sooner we hear about it the better. But if homœopathists generally have nothing better to suggest than the B.H.A. for the purposes for which it is intended, then I would ask them not to stand outside, but to join and help. We don't ask for large sums from anyone. We should like them if we could get them, but if we can't, then if we can get, say one shilling a year on an average from every believer in homœopathy we could make the B.H.A. the power it ought to be, besides incidentally doing plenty of teaching

and research work and helping other institutions in their financial difficulties.

It is the power we should get from having every homœopathist in the kingdom behind us that matters in a sense more than the money. The only body that can speak with your enemies within the gate is that body that is backed by you all. How are we going to work ?

Under the new Health Act I have reason to believe that on the actual Advisory Council there will not be more than twenty representatives elected. I think it extremely doubtful that we shall get one of our representatives elected for this particular Council. If I am right, we shall have to see in what way we can get our representatives appointed on such Committees as will have some weight with the Advisory Council that is to be formed.

If we can get our representatives appointed, they will be able to support our cause, if threatened, with all the weight of a not inconsiderable body if we are united.

Even our strength as voters will not be negligible, and the power behind our representative would enable him probably to fend off actual threats. So long as our Hospital Boards can freely choose their staffs, and the staffs can freely choose their treatment, homœopathy is safe. But if we fail to get representation on any of the Advisory Committees, what then ? We shall be hampered by lack of knowledge of possible threats, and lack of means to oppose them at once. But the moment we do know of them (and I promise you we shall be alert) we can act ; and the more men and women we speak for the stronger our action will be. A strong central body is therefore the best defence against the principal danger.

Give us the strength, and in my humble opinion we can carry on to some purpose. Now how are you going to give it ? I think chiefly through the doctors doing all they can to help by subscribing themselves and urging their patients to do so. Unfortunately (with some most valuable exceptions), many of the doctors, for reasons which I at present don't under-

stand, do not subscribe, and under these circumstances they are not likely to be convincing in their suggestions to their patients to subscribe. Yet if the doctors don't help us, although we may do our best, our hands are tied.

Now what are we asking them to subscribe to exactly? Perhaps I may be permitted to call your attention to a passage in the appeal just issued by the B.H.A., which I think puts the position of the Association as clearly as it is possible to put it before the public.

"The object of its existence is the co-ordination of the various homœopathic activities in Great Britain; its aim, all that makes for homœopathic efficiency and growth.

"To these ends, without in any way competing with or supplanting existing organisations, it seeks to assist their efforts and work, at the same time linking them up with other similar activities, to the mutual advantage of all. At the present moment the B.H.A. is in friendliest relationship with every homœopathic hospital and dispensary in the kingdom.

"It alone supplies what is so essential, a central body, consisting of laymen and doctors, which can speak with authority in the name of British Homœopathy. Now more than ever is such a voice needed. Measures passing through Parliament threaten to revolutionise matters pertaining to public health in this country. Homœopathy (till now only known to a minority of practitioners—specialists in drugs and drug-action) must be safeguarded. At this crisis in our history no mere local body can raise its voice to such effect as can a central organisation, speaking for British Homœopathy as a whole.

"Everywhere the sectional, isolated activities of the past are giving place to co-ordinated endeavours; and there is no day on which some question may not arise affecting Homœopathy and its present and future practice.

"Take an example. The exigencies of war, restricting many imports, threatened to stop the importation of the sugar discs and pilules, on which we rely for our

dispensing work, at a time when the needs of the army had cut off home supplies.

“What chance would individual chemists, or even hospitals, have had of obtaining relief or help? The British Homœopathic Association, acting promptly, with the weight that a central authoritative body can command, obtained a relaxation of the regulations and saved the situation. In the same way, like difficulties may at any time arise with which the British Homœopathic Association, or some such body, could alone successfully cope.”

Now if the B.H.A. were a London Institution only, I could understand certain doctors holding aloof from us, or if they thought there was any sort of antagonism between the Association and the Homœopathic Hospitals I could equally understand their doing so.

But as I have just explained, in the extract from the appeal which I have read, there is no antagonism of any kind, between the Homœopathic Hospitals and ourselves. The B.H.A. should deal with general homœopathic matters for the whole of the country.

It will certainly happen that money will be more difficult to get in the future for voluntary hospitals, and ours are voluntary hospitals.

The managing bodies may be trusted to do all that men can do, and there will, we hope, for a long time be cases of rich men willing to give large sums of money occasionally; but the rank and file subscriptions will continue to fall off in the stringent times that are practically inevitable.

How are we to deal with this situation?

Paradoxical as it may sound, the solution is to subscribe to the B.H.A. Every believer in homœopathy must be an enthusiast in the cause. If he has a local hospital, he must give what he thinks he can give to his local hospital, but he must reserve some portion of his donation for the B.H.A. He has no local hospital, then he must give as much as he can to the B.H.A., and reserve a portion of his subscription to the institution of his immediate preference.

There are over 200 homœopathic physicians in the kingdom, serving about 100,000 possible subscribers,

we may assume ;—some of these subscribers may only be able to give 1s., others 5s., others 10s., others 20s. If all would average 1s. a head for the B.H.A. we should have an income of about £5,000 a year. It is a mistake to think that a shilling is not worth giving. Give 20s. if you can, if you can't give 20s., give, 10s., 5s., 1s., only the lower you have to come the more urgent it is for you to make converts and get shillings for us from them. If the B.H.A. had anything like that income (which I think is not utterly impossible) it could build up a central fund for hospital emergencies that would quickly run into thousands.

It is seldom that all institutions are in dire need simultaneously. If there were this central fund the greatest needs every year could be served, and the whole body helped by the assistance given to its temporarily weakest members. If you do not support the B.H.A., and it has to strain every nerve to keep its doors open at all, if every appeal for help finds deaf ears and empty pockets, then we are powerless, and our last state is worse than our first. The remedy is to go on subscribing and make others subscribe.

There is nothing new about my suggestions. They have been urged for years—they indicate, I think, the obvious course to pursue. The more united the front at home clearly the better it can speak and act. We are not united to anything like the extent that we might be.

It is my own conviction that there is not much time left in which to decide. If we delay our effective union much longer the golden moment will have passed. The choice is before you—to collect your resources into one coherent power, or to expend them without forethought.

I for one have no doubt upon which side I should throw such influence as I possess.

I have to thank you, Mr President, Ladies and Gentlemen, for the attention you have been good enough to give to these few remarks of mine, and I trust I have not encroached too much upon your valuable time.

A NOTABLE ADVANCE IN HEALTH ADMINISTRATION.

BY MR. H. G. PURCHASE, LL.B., M.P.

Continued from p. 430.

Look back only a century in order to perceive what milestones we have travelled past in the matter of improved conditions for children, a progress which is brightened by the names of Robert Owen and Lord Shaftesbury. Then children were sent from work-houses to labour in Lancashire Mills, some scarcely able to walk, having to toil for 12 to 13 hours daily under vile sanitary conditions for so small a sum as one penny per day. It was a long struggle, and some idea of its bitterness and apparent hopelessness may be gauged from the fact that Lord Shaftesbury's first measure created such alarm that it had to be withdrawn, and that such men as Cobden and Bright opposed factory legislation on the ground that it was an unwarrantable interference with the freedom of contract. In 1833 an Act was passed which forbade the employment of children under nine, and restricted the hours of employment for those under sixteen. It is something worthy of the highest praise that the first factory laws were drafted in this country, and that it is freely recognised that we are in the forefront of this particular form of legislation.

Sir Malcolm Morris suggests that the evolution of our system of State Medicine owes more to voluntary than to official effort, and he illustrates this by the Health of Towns Associations which urged the interests of sanitation before the Health Act of 1848. Whether that can be borne out by the facts one is not disposed to argue, for at the best it merely amounts to a friendly rivalry in which both protagonists should be prepared to admit the eminent services of each other to have effected so much in so short a space of time. It has been advanced that the man who has the greatest right to be considered the founder of State Medicine is Edwin Chadwick, who so conspicuously promoted the cause of sanitation; and it is unnecessary to urge how much army sanitation, and the wondrous and

almost miraculous immunity enjoyed by the Allied armies during the Great War from typhoid and other devastating epidemics, is due to the remarkable prevision, unflinching resolution and dauntless courage of Florence Nightingale.

Dr. Southwood Smith, who, for fourteen years was physician of the London Hospital, was another pioneer in the cause of Health reform, and like Edwin Chadwick, was a disciple of Jeremy Bentham. He stated in connection with a report "such is the filthy, close and crowded state of the houses and the poisonous condition of the localities from the total want of drainage, and the masses of putrefying matters of all sorts which are allowed to remain and accumulate indefinitely, that during the last year in several of the parishes both relieving officers and Medical men lost their lives."

In 1854, the General Board of Health, which had been founded in 1848 by the Health Act, was reconstituted as an authority consisting of certain Ministers with a paid President. It ceased to exist in 1858. The first Medical officer of Health was appointed by Liverpool in 1847. London in 1848 appointed the famous John Simon, who made the city a pattern for the rest of the metropolis, and it is significant to notice that he looked forward to the present day and urged that the supervision of the Public Health ought to be consolidated and in the sole charge of some one Minister. He was quite a remarkable man, Ruskin calling him "dear brother John." He was President of the Royal College of Surgeons in 1878-9; Vice-President of the Royal Society in 1879-80, and had showered upon him University distinctions and a K.C.B.

Sanitary laws were consolidated by the Public Health Act of 1875, which is declared to be the greatest sanitary code ever enacted in any country. The Sanitary responsibilities of the Local Government Board comprised such multifarious matters as Sewage, Drainage, Scavenging, Infectious Disease, Isolation Hospitals, Poor Law Infirmaries, Public Vaccination, Water Supply, Pollution of Rivers, Food and Drugs, Alkali Works, and Canal Boats, Slaughter-houses, Bath- and Wash-houses, Housing and Town Planning,

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Cemeteries and Crematoria, Notification of Births, Infant Mortality, Maternity and Child Welfare; appointment by local authorities of Medical Officers of Health, Sanitary Inspectors, Public Analysts, Public Vaccinators and Health Visitors.

Such is the elaborate network of public duties, and its scope may best be described by a passage from Morley's "Life of Cobden." "Buildings must be kept pure of effluvia, dangerous machinery must be fenced, children and young persons must not clean it while in motion, their hours are not only limited but fixed, continuous employment must not exceed a given number of hours, the children must go to school, if an accident happens notice must be sent to the proper authorities; for the due enforcement and vigilant supervision of this immense list of minute prescriptions there is an immense list of inspectors, certifying surgeons and other authorities whose business it is 'to spend and post o'er land and ocean' in restless guardianship of every kind of labour, from that of the woman who plaits straw at her cottage door to the miner who descends into the bowels of the earth and to the seaman who conveys the fruits and materials of universal industry to and fro between the remotest parts of the globe."

SOME STRAY THOUGHTS ON HOSPITAL MATTERS.*

By MAJOR E. A. ATTWOOD, *Secretary to the L.H.H.*

WHEN I was first invited to address the members of Congress, I hesitated to accede to the suggestion, because I considered that there was little I could say but what was already very well known to them. However, on second thoughts I decided to accept their kind invitation so courteously and flatteringly conveyed by Dr. Burford, partly because I wished to prove that I have not, after thirty-five years' work at the Hospital, lost any interest in Homœopathy, and also I desired to show my appreciation of your President, Mr. Dudley

* We have had to shorten Major Attwood's article a little, but we hope he will agree that we have retained the essential points—Ed. H.W.

Wright, with whom I have had the pleasure of being associated in my hospital work for so many years past.

Under these circumstances I desire to submit some "Stray Thoughts on Hospital Matters," and must beg leave to make it plain, that they are but expressions of my own individual opinion.

I will, with your permission, omit in my remarks, any reference to hospitals from the year 4,000 B.C., to within the last fifty or sixty years, and come to the present hospital system in this country. This system has grown up under social conditions which, during many years past have been steadily changing; the enormous growth of the population has brought us face to face with entirely new factors and needs, while the more recent developments in medical and surgical scientific methods have necessitated elaborate and costly equipment which would have simply staggered those benevolent persons to whom we owe the foundation of our existing voluntary hospitals.

DRASTIC CHANGES.—As far as this country is concerned, it is evident that drastic changes and developments must take place. The subject of public health has been brought into great prominence, and all who have studied the question are agreed that it is necessary to centralise in a single Government Department the manifold duties which are at present controlled by some half-dozen different authorities. All these bodies overlap each other, and too often betray the usual official jealousy, while the whole want of system is wasteful, both of officials and public funds.

WORKHOUSES AND INFIRMARIES.—At the time when most of our voluntary hospitals were founded, there was practically no public provision for the reception and treatment of the sick poor. The workhouse had no adequate accommodation for the sick, who were simply herded with other inmates, and there were no municipal hospitals for infectious diseases. All this is now changed, and at the present time the great infirmaries provided by the local authorities under the Poor Law, are built and equipped on the most modern principle of hospital construction, while the palatial institutions under the administration of the Metro-

politan Asylums Board provide for all cases of infectious disease, and for all classes of the community.

MINISTRY OF HEALTH.—Let us consider, in the first place, what brought the Ministry of Health into existence. During the last ten years much more active thought and criticism have been brought to bear on the various questions which cluster around the hospital system than formerly, not of the metropolis only, but of the whole of the kingdom. Important reforms were to be expected in due course, and these reforms must have some effect on voluntary hospitals. Perhaps before, there was a much more personal sacrifice, a much greater readiness to give, to devote time and attention to the administration of hospitals singly, by both Medical Staffs, Lay Boards and Governors, but each was taken to stand by itself. Men were loyal to their own institutions, they devoted much time, attention and labour to them. Little attention was given to the mass of necessity which had to be relieved, whilst a great deal was given to the particular machinery for relieving the necessities of a particular area. Lately there has been a greater readiness to took upon the necessity on the one side, and on the means of meeting it on the other, with the result that a great deal of fault has been found, a great deal has been said to show that what has been done, is very far from being properly done.

These faults have given rise to much thought and discussion, accompanied sometimes, by a certain degree of heat, which is a healthy sign of an active desire to solve problems.

Among many reasons which led to the establishment of the Ministry of Health, two or three stand out prominently. Foremost among them, no doubt, has been the growing pressure on the beds, the fall in income, and the very great increase in hospital expenditure.

This led to the consideration of the whole system, and to enquiries as to the best mode in which hospitals can be supplied and used for the public good. It was found that large needs and vast populations were altogether unsupplied or poorly supplied with the

medical relief provided at hospitals, while in other parts, take for instance within a short radius of this room, are to be found an enormous proportion of beds in a number of hospitals. This state of things led men to ask "Ought there not to be some central body to determine in what way the demand shall be met?" These questions have been passing in the minds of men with very great force during the last few years. It was felt that this state of things could not be allowed to remain in the position it occupied, and the result to-day is the Ministry of Health.

WHAT WILL BE THE RESULT.—Now what result will the establishment of the Ministry have on the Voluntary Hospitals?

In all the prognostications which have been made regarding the Ministry of Health, no assertion has been more definite, nor more favourably received, than that *the Ministry will in no way concern itself with the Voluntary Hospitals*. Nevertheless there is a general consensus of opinion that the functions of the new State Department must necessarily infringe upon the work of the hospitals, and that the duties of the two authorities will to some extent run parallel. How will this affect the Voluntary Hospitals favouring Homœopathic treatment of medicine?

It does not seem to have been observed that while there may be no conflict of interests between the Ministry and the Hospitals, there will yet be a clear necessity for the former to take the latter into its purview, if it is to be in a position to deal adequately with the health administration of the country.

Sir E. Napier Burnett, speaking at the last Annual Meeting of the British Hospitals Association, paid a tribute to the work of the voluntary hospitals in the past, but argued that the circumstances of to-day pointed to some alteration in policy. He thought that the financial position of hospitals to-day was in a precarious condition. Also that the interests of the State must take precedence of any voluntary system.

I am of the opinion that the voluntary principle is a national asset which has grown up with our civilisation, possibly because of it, and its abolition would

be calamitous, making neither for progress in medical science, nor the more successful and certainly not in the more humane treatment of patients.

It will be argued that many municipal hospitals are in no way inferior to voluntary hospitals in their efficiency and treatment of patients. This may be admitted without citing it as a reason for State control. These institutions are administered by officers educated in the principles of the voluntary hospitals, and consciously or unconsciously, are imbued with those principles. They are continually receiving fresh blood from the voluntary hospitals. Remove the voluntary hospital and this type of official would gradually but surely deteriorate until finally it would become almost extinct.

If, however, the voluntary system is to remain, income must be increased and expenditure reduced ; that is a proposition which no one will dispute. I think the time has come when paying and also contributing patients should be admitted to all the voluntary hospitals. I will refer to this again later. The increased wages now received by many will no doubt have a bearing on their eligibility for hospital treatment, for their right to free treatment no longer holds, and I cannot but think that payment by themselves rather than by the State is in their own best interests.

ARE VOLUNTARY HOSPITALS TO BE ABOLISHED ?— We have often heard reformers, many of them unthinking persons, others developing ideas without a sufficient basis of facts, claim that the time for the abolition of the voluntary hospitals has arrived, but they have been as those crying in the wilderness.

Now, however, in the great upheaval, we have to consider how the interests and the needs of the public can be best met in the world which lies before us. Great as the work of the voluntary hospitals has been, one must realise that they will not always prove adequate to the whole needs of the future. This has long been the case, and efforts were made through Poor Law institutions and other means to meet the difficulties which had arisen.

The obligation of the State has been acknowledged,

but can the State, however efficiently it may be organised, replace much of that great work which can only be evolved from the spirit of charity, of kindness and consideration for those who cannot face the hardships of life without assistance?

The voluntary hospitals owe much of their success to the strong sympathy existing between the general public and the charitable aims of the hospitals, and I think that this feeling of sympathy exerts a large amount of influence on the country generally, being a channel by which sentiment is developed into action. Sentiment after all is responsible for most of the best things which have ever been done.

But as regards the Voluntary Hospitals as a whole, it has, I submit, first to be proved that they are a failure on other than financial grounds, to justify the sacrifice of the valuable features of the voluntary system. In the case of the London hospitals, there are several important factors in the question, not the least being the disposal of the accumulated capital of one million and a quarter pounds the King's Fund has invested for us, and the capital of certain large but not wholly-endowed hospitals. Undoubtedly tremendous changes will come about and the voluntary institutions may be left to adapt themselves accordingly or disappear. Personally, however, I do not believe that the people of this country will allow the voluntary hospital to be hastily superseded. Its roots strike too deep into our national fabric. Governments do grab these sums, I know, but the feeling is, I think, too strong against the introduction of State Hospitals for all in this country.

There never was a time in the history of our voluntary hospitals, when it was so essential for their several governing boards to prepare themselves for their responsible duties, and whatever changes may take place in the near future, they will certainly not tend to lighten their responsibilities.

If voluntary hospitals can be left perfectly free of the narrowing restriction of State control, and so far as the word of a Minister is an assurance, we have it stated by Dr. Addison that *under no circumstances*

does he propose to interfere with the voluntary hospitals, they will be able to maintain that healthy rivalry which has led to the development of their present high efficiency.

To turn to another practical point. At the present time there are enormous functions relating to National Health which are performed by a large number of official bodies, who work in a perfectly inco-ordinated manner. Now if you take the national health work that is at present being done, add to it the national health work which ought to go on, and then balance the treatment of acutely ill people which is undertaken by the hospitals, I think you will get a true perspective of what the voluntary hospital system is, and how it is likely to be regarded in official quarters. The *treatment* of patients is a very small part of the problem.

From the point of view of scientific progress and freedom there may be delays and stumbling blocks in the path of the men with novel methods of treatment, which, of course, will include homœopathy, but all methods of treatment, if they are sound and carried out by legally qualified practitioners, are sure to establish themselves with reasonable rapidity.

SUPPORT FOR CHARITIES.—Let us examine the extent and the nature of the support voluntary charities are likely to obtain in future. Gentlemen, the Super-tax and the Excess Profit Tax is now being collected. This is the trend of modern legislation which is to take from individuals by taxation or rates any surplus income discoverable, and though this is an absolute necessity for many people, who would never, unless compelled, give any money at all in charity, it operates hardly on foundations supported by voluntary contributions, for many who *might* and *would* give, have their surplus income forcibly reduced for them by the state.

I will not attempt a definition of surplus income, but I will venture a suggestion (which the Chancellor of the Exchequer will *not* regard) that those who subscribe to hospitals and charities should have preferential treatment on assessment, at least in respect of the money which they give away in charity.

I fear the response to charitable appeals in the future must grow less and less. Any hospital secretary can tell of the reduction and loss of many subscriptions recently, and we know to our cost that when the hand of death removes our old subscribers, new subscribers do not come forward to take their place.

MUST HAVE MORE HELP.—If hospitals are still to do the same work they have hitherto done, they, in common with other charities, must sooner or later have some form of additional outside aid.

But all who love their hospitals must deprecate the suggestion that they shall ever be "thrown on the rates." To provide the additional help necessary, I think that the better system would be the "grant-in-aid system," on the work accomplished, or payment by the Ministry of Health on the beds occupied in a manner similar to the payments made for those patients sent by the Ministry of Pensions, or the method adopted in our Australian Colonies, where the State makes good all deficits on its voluntary hospitals, and contributes one pound for each pound voluntarily contributed to the Institution.

PRESENT STATE HELP.—Even now, when we come to think of it, we have a slice of state help, not cut very thick, it is true, but large enough to be missed if it should be withdrawn. What does it amount to? Firstly, there is exemption from Income Tax, and the hospitals have a valuable object-lesson on the value of State aid under this head.

Next, we do not stamp our receipt forms. Truly, amounts of £2 and upwards have not been pouring in lately, but even in these bad times the saving in stamps must be well worth having, and in some measure balance the additional penny placed on cheques.

On the whole it is clear that the British tax-payer is already making a substantial contribution towards the upkeep of our hospitals, and a bargain if an unwilling one, must sooner or later be made with the State, and on the conditions of this bargain, a great deal will depend upon the relative positions of the contracting parties.

If the voluntary hospitals are to work harmoniously

and effectively with the Ministry of Health, and why should they not, there would seem to be urgent need for some definite connection between them. If this be conceded, what machinery can be devised which will ensure communication between the Ministry of Health and the voluntary hospitals, with the minimum amount of friction? I do not suggest that this connection need be of an active kind, nor that it should involve any supervisory function on behalf of the Ministry. The relationship that I have in mind, would be that which is expressed in military language as "in liaison," the Ministry to be in touch with the hospitals through the channel of a special department.

The treatment of indoor patients under a national system would probably prolong the stay of patients in hospital. Experience has taught us that military cases occupy beds for a longer time than civilian cases, largely owing to the arrangements by which patients are discharged. The voluntary hospitals require their beds for urgent cases, and they wish them to be occupied for as little time as possible. The expense and the length of stay of patients are against a State system.

It is interesting to note that the expenditure of the Metropolitan Asylums Board for the past five years has averaged £1,300,000, and the number of patient treated 15,000 per annum, which shows an average cost of £85 per patient.

COST OF MATERIALS.—Sir Henry Burdett said, when speaking some time ago at Manchester :—" Voluntary hospitals require in this country from ten millions to fifteen millions a year." He subsequently explained in his Journal that the sum quoted was an estimate of what the Hospitals would cost if *run by the State*, but that the lowest estimate of present annual cost to the hospitals is five millions per annum.

Now, if we accept this figure as correct, who provides this five millions a year? If experience in London is any guide, I find that income is raised in the following manner: 25 per cent. is assured income from investments and the several hospital funds, etc; but the remaining 75 per cent. is required to be raised *annually*

from the giving public, in donations and annual subscriptions.

RECONSTRUCTION.—I wish to throw out one or two suggestions in directions in which improvement may be called for :

GOVERNORS AND MANAGERS OF HOSPITALS.—The Governors constitute the heart of the hospital. Its warmth, life-blood, spring from them. Would it not be wise to give a little time to the *strengthening of our several managing bodies*? Looking at the many good friends hospitals possess, at the abundance of the raw material, if a not uncommon phrase may be used, it ought not be too difficult to obtain a committee of members individually pledged to all that may be reasonably required at their hands. Happily most hospitals have succeeded in getting about them many who are not supine and indifferent. The history of many hospitals will show how much may be accomplished by a few zealous workers. Let us render homage to the earnestness of the efforts of these good men, carried on, not seldom, under circumstances well calculated to weary and discourage.

TEACHING SIDE.—*The Teaching side of the Hospital.*—It is a fact that we depend upon the clinical side of hospitals for the supply of men of high professional attainment to take their places as leaders of medical science and thought, and to occupy positions of eminence in the practice of medicine and surgery. It has been announced that the State will afford grants to certain of the great London hospitals which have initiated special schemes for clinical teaching. This may be taken that a new era in medical education has begun ; an era in State supervision in which the needs of the community will be reflected in the training of the doctor.

The movement is only at its beginning as yet ; but it is possible to look ahead and perceive the predominating tendency. Last year, in a remarkable report on the future of medical education, Sir George Newman wrote that our medical education was defective in respect of recognition of the importance of preventive means and of knowledge of the beginnings of

disease. He linked these two departments of study together, and laid it down that in the school child, or even the child under school age, preventive and curative medicine found their most productive material. Childhood, he declared, was the period of the beginning of disease, the period at which slight causes produce far-reaching effects, and finally the period for remedy and prevention.

Sir George Newman is now the Chief Medical Officer to the Ministry of Health and also to the Board of Education. It would seem that these grants to the selected London hospitals must have been made with his approval. They are in aid of teaching. Let us then see to it in our own interests, that our teaching classes are re-organised, and we may well enquire whether any improvement may be effected in them, and zealously to guard and protect them from whatever would interfere with their successful progress.

VALUABLE SITES.—I hope the day is not far distant when the managers of some of the larger hospitals will come to the conclusion that in the interests of the poor, the time has arrived, before rebuilding or making additions, to consider the advisability of disposing of the valuable sites upon which the hospital buildings are at present situated, and take the hospitals to the more densely populated residential neighbourhoods—following the lead of King's College Hospital—and not continue to compel the sufferers, as at present, to come many weary miles, and to incur much avoidable and unnecessary expense. Several of the existing hospitals might change their site with profit and advantage, and I think, on hygienic and public grounds, a change of site in these cases is to be earnestly recommended.

DISTRIBUTION OF HOSPITALS.—The ten Boroughs *south* of the Thames, with a population of 1,850,000 are served by three General Hospitals with Medical Schools, one small General Hospital, and about nine other hospitals, or one hospital for every 140,000 the population.

The nineteen Boroughs *north* of the Thames, with a population of 2,660,000 are served by nine General

Hospitals with Medical Schools, eleven other General Hospitals, and about fifty-seven other hospitals, or one hospital for every 34,5000 of the population.

South of the Thames, the General Hosiptal with a Medical School serves 600,000 of the population. *North* of the Thames the General Hospital with a Medical School serves 290,000 of the population.

THE REMEDIES.—In these days of reconstruction, it would be well for all homœopathic hospitals to think out very clearly what their policy is to be for the future. Should not the policy be a practical one, and should it not concern itself primarily with the interests of all the several homœopathic hospitals, with the idea of raising them as a whole, rather than from the purely individualistic or trade unionist point of view? As Mr. Lee Matthews, its Chairman, has just stated, have we homœopathic hospitals not an Association already to hand, and *in being*, ready to help us, and cannot valuable help be obtained from the British Homœopathic Association? It is necessary, however, that the help should be sympathetic. Criticism must not be destructive and depressant, but constructive and vitalising. On the other hand, to secure this, the hospitals might well put the question to themselves, "What use can I be to this Association?" not and always "What use is this Association to me?" They should not stop in the background, waiting for the plums, which are quite as likely as not, to have cankers in them, to drop into their mouths, but bring themselves to realise that sound fruit has to be carefully gathered, and a little exertion on their part may be necessary to obtain that object.

It is thought by those who are most clear sighted, that they can perceive signs that the voluntary system of hospitals is being side-tracked, and it may be. If this should prove the case the British Homœopathic Association may be the means of rendering an inestimable service to the homœopathic hospitals, if it is enabled to speak out strongly, for all homœopathic hospitals, and we shall avail ourselves of its efforts, while there is yet time.

(*To be continued.*)

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(INCORPORATED),

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The usual monthly meeting of the Executive Committee was held at Chalmers House on Nov. 19th.

A meeting of the Beit Research Fund Committee was held at Chalmers House on Nov. 18th.

REVIEW.

“AN INTRODUCTION TO THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY.”*

By DR. D. BORLAND.

RICH and varied as is the homœopathic literature of to-day it has been sadly lacking in two essentials. There has been nothing in the present literature which could state clearly and concisely to the homœopath exactly how he stood in relation to the present position of general medical science; but, as all homœopaths have been trained in the orthodox school and are still more or less in touch with the orthodox medical literature, this want has not made itself seriously felt: At the same time there is nothing in the present literature which could explain the homœopathic position to the fair-minded orthodox medical practitioner seeking after knowledge; this is a source of weakness and a just cause for reproach.

It was, therefore, with the keenest interest one heard that an effort had been made by Dr. C. E. Wheeler to supply this need, and that it has resulted in the production of “An Introduction to the Principles and Practice of Homœopathy.” It is a work in a field

An Introduction to the Principle and Practice of Homœopathy, by Dr. C. E. Wheeler, Published by the British Homœopathic Association Russell Square, Price 12s. 6d., Post free 13s.

which Dr. Wheeler has made peculiarly his own, and on a subject with which he is specially qualified to deal.

Dr. Wheeler approaches the consideration of the homœopathic position with the mind of the pure scientist, and earnest seeker after the truth, and not from the standpoint of the special pleader. He examines the position to see if there is anything in it which conflicts with present day medical knowledge, as apart from unsubstantiated medical theory, and if it is not a fact that every discovery in medical science which has taken place since the inception of homœopathy has gone to confirm the theory on which it is based and to increase the probability of its truth.

After discussing this side of the question with the clearness and charm of which he has such a perfect command, Dr. Wheeler turns to the consideration of the drugs in the homœopathic pharmacopœia. He explains the methods by which the records of drug effects have been obtained and the manner in which the homœopathic "potencies" are prepared.

As, no matter to what school we may belong in the realm of metaphysics, we are all pragmatists in real life, no theory can stand which will not bear the test of practical experiment. And so, in order that the honest enquirer may have the means of applying this—the crucial—test to the homœopathic theory, Dr. Wheeler has selected a number of the drugs in common use and given the homœopathic indications on which they are prescribed. This part of the work will be carried on in a second volume, now in course of preparation, increasing the number of drug pictures, and it is hoped that a repertory will eventually be published confined entirely to the drugs in common use.

Dr. Wheeler is to be congratulated on this, the first volume of his work, which has enhanced the high reputation he has already established.

When it is completed Dr. Wheeler's "Introduction" will be no longer an "introduction"; it will be one of the standard works on homœopathy, taking an honoured place among the works of the "Masters" and will be a work which no practising homœopath can afford to be without.

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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
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Dr. Goldsbrough, London—Mr. Knox Shaw, London—Mr. Lee Mathews, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—*Fran Homœopatiens Värld.*—Indian Homœopathic Reporter.—Homœopathisch Tijdschi ft.—North American Journal of Homœopathy.

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